

Case Number:	CM15-0218707		
Date Assigned:	11/10/2015	Date of Injury:	06/03/2013
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43-year-old male, with a reported date of injury of 06-03-2013. The diagnoses include degenerative arthritis of the cervical spine, left shoulder labral tear, left shoulder impingement syndrome, degenerative arthritis of the lumbar spine, degenerative arthritis of both knees, status post left knee surgery, status post left shoulder surgery, and chronic intractable pain. The progress note dated 10-01-2015 indicates that the injured worker presented for a pre-operative visit. The subjective findings were not indicated. The physical examination showed no acute distress; a healed surgical incision on the right knee without signs of redness or drainage; an "okay" gait; range of motion of the right knee at 0-140 degrees; no patellofemoral crepitus of the right knee; negative patellar grind test of the right knee; positive anterior Lachman; stable varus and valgus stress test; intact sensation to light touch; and tenderness of the medial joint line of the right knee. The treating physician recommended an arthroscopic plate removal, right ACL revision reconstruction, possible lateral ligament reconstruction with medial meniscus transplant. The injured worker's work and disability status were not indicated. The progress report dated 09-18-2015 indicates that the injured worker stated that he had been having increased weakness in the right knee since the last visit on 05-15-2015. The medical report dated 09-21-2015 indicates that the injured worker continued to complain of constant neck pain, rated 5-7 out of 10; improved left shoulder pain, rated 6-7 out of 10; right lateral epicondyle pain, rated 6-7 out of 10; constant low back pain rated 5-7 out of 10; and bilateral knee pain, rated 5 out of 10. The physical examination (09-18-2015) showed a healed surgical incision on the right knee without signs of redness or drainage; an "okay" gait; range of motion at 0-140 degrees; no

patellofemoral crepitus; negative patellar grind test; positive anterior Lachman; stable varus and valgus stress test; tenderness of the medial joint line; and intact sensation to light touch distally. The injured worker's work status was noted as "as prior". The physical examination (09-21-2015) showed tenderness to palpation overlying the facets at approximately C5-6; intact sensation to light touch and pinprick in the bilateral upper extremities; decreased cervical spine range of motion; positive facet loading; normal range of motion of the left elbow and forearm; a normal gait; normal heel and toe walking; tenderness to palpation overlying the facets at approximately L3-5; intact to sensation at light touch and pinprick in the bilateral lower extremities; and decreased range of motion of the lower back. It was noted that the injured worker was temporary totally disabled until 11-02-2015. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Cyclobenzaprine, Norco, right knee surgery on 12-11-2013, and physical therapy. The treating physician requested the rental of a cold compression therapy unit for 21-days. On 10-20-2015, Utilization Review (UR) modified the request for the rental of a cold compression therapy unit for 21-days to the rental of a cold compression therapy unit for 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cold compression therapy, 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use; however, the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.