

Case Number:	CM15-0031562		
Date Assigned:	02/24/2015	Date of Injury:	09/10/2009
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 64-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 10, 2009. In a Utilization Review Report dated January 26, 2015, the claims administrator denied a five-day rental of a continuous cooling device. Non-MTUS ODG Guidelines were invoked. Despite the fact that portions of the ODG Knee Chapter Continuous Flow Cryotherapy topic did support the same, the claims administrator went on to deny the request. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant's knee surgeon suggested that the applicant pursue a surgical arthroscopy of the right knee, partial medial and lateral meniscectomy procedures. The applicant did have comorbidities including diabetes and hypertension, it was incidentally noted. Postoperative cryotherapy was apparently proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Care Rental 5 Days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Knee > Specific Diagnoses > Knee Pain and Osteoarthritis > Physical Methods. Recommendation: Cryotherapy for Treatment of Knee Arthroplasty or Other Surgery Patients. Cryotherapy is recommended for select treatment of knee arthroplasty or other surgery patients. Frequency/Duration > Pain relief with cold therapy for the first several post-operative days with duration commensurate with extent of surgery. Some devices may be helpful for select patients, particularly if they are unable or unwilling to tolerate other measures to manage pain. Indications for Discontinuation > Non-tolerance, adverse effects. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: Yes, the request for a five-day Polar Care rental unit was medically necessary, medically appropriate, and indicated here. The request at hand did represent a request for postoperative cryotherapy following planned knee arthroscopy and synovectomy surgery, a surgery which does appear to be approved by the claims administrator. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that cryotherapy is recommended for select treatment of applicants who undergo knee surgery, as was apparently planned here. ACOEM suggests postoperative cryotherapy duration commensurate with the extent of surgery. Here, the five-day request for postoperative cryotherapy, thus, is commensurate with the arthroscopic meniscectomy-synovectomy surgery planned here. Therefore, the request was medically necessary.