MAXIMUS Federal Services

Case Number:	CM15-0032032		
Date Assigned:	02/25/2015	Date of Injury:	08/29/2014
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30-year-old female who reported injury on 08/29/2014. The diagnosis was left knee sprain. The mechanism of injury was the injured worker was restraining a combative inmate when she struck her knee against the concrete floor. The injured worker underwent an MRI of the left knee on 10/12/2014, which revealed moderate arthrosis of the lateral compartment and a subtle free edge tear of the posterior horn junction of the lateral meniscus. There was a recurrent tear identified. There was mild arthrosis. The ACL graft was intact with forward translation of the tibia, which may indicate ACL graft laxity. There was a small Cyclops lesion. Prior therapies included physical therapy and a brace. The injured worker was noted to undergo prior ACL surgery in approximately 2006. The documentation of 01/15/2015 revealed the injured worker experienced constant pain in the left knee that increased with walking and standing, flexing and extending, and with ascending and descending the stairs. The injured worker had giving way of the knee. The injured worker had popping and clicking. The medications included ibuprofen. The injured worker underwent an x-ray of the bilateral knees, which revealed normal alignment, joint space was patent, no fractures, no lesions, and evidence of ACL reconstruction on the left. The diagnoses included left knee anterior cruciate ligament insufficiency status post anterior cruciate ligament reconstruction; and left knee, posterior horn lateral meniscus tear. The treatment plan included an outpatient left knee revision anterior cruciate ligament reconstruction, postoperative physical therapy 2 times a week for 6 weeks for the left knee, preoperative medical clearance, Polar Care unit, DVT machine, and

crutches, as well as Keratek gel. Medications prescribed included Ultram 50 mg. There was a Request for Authorization submitted for review dated 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Care: Upheld

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 Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended postoperatively for up to 7 days. The clinical documentation submitted for review indicated the injured worker had a necessity to undergo surgical intervention. The use of this unit would be supported for up to a 7 day rental. However, the request as submitted failed to indicate the body part to be treated and whether the unit was for rental or purchase. Given the above, the request for Polar Care is not medically necessary.