

Case Number:	CM15-0048367		
Date Assigned:	03/20/2015	Date of Injury:	12/29/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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: Arizona, California
 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 38 year old male, who sustained an industrial injury on December 29, 2013. He reported felt a pop in the right knee and had swelling of the knee. The injured worker was diagnosed as having right knee arthrosis and right knee medial meniscus tear. Treatment to date has included x-rays, MRI, work modifications, knee brace, heat/cold, home exercise program, physical therapy, and medications including opioid, topical pain, and non-steroidal anti-inflammatory. On February 3, 2015, the injured worker complains of increased, constant right knee pain since the prior visit. There was pain with joint movement. The physical exam revealed tenderness to palpation over the medial joint line and medial patellar facet, a positive McMurray's test, knee joint effusion, and crepitus. The treatment plan includes a right knee arthroscopy, 12 sessions of postoperative physical therapy, a cold therapy unit, and preoperative lab work for medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit x 14 days rental: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines- knee chapter and pg 17.

Decision rationale: According to the guidelines, cold therapy is cyotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. In this case, the request was prior to surgery where the status of the knee cannot be determined. In addition, the length of intervention exceeds the guidelines recommendations. The request for 14 day use of a cold therapy unit is not medically necessary.