

Case Number:	CM15-0048375		
Date Assigned:	03/20/2015	Date of Injury:	04/05/2013
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
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: California

Certification(s)/Specialty: Orthopedic Surgery

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 42 year old male, who sustained a work/ industrial injury on 4/5/13. He has reported initial symptoms of left knee pain with locking. The injured worker was diagnosed as having a lateral meniscus tear. Treatments to date included medication, diagnostics, cognitive behavioral therapy, and aquatic therapy. Magnetic Resonance Imaging (MRI) lateral meniscus tear and minor medial meniscocapsular irregularity scarring. Currently, the injured worker complains of left knee pain that was worse with standing, walking, squatting, and bending. The treating physician's report (PR-2) from 3/2/15 indicated the injured worker had symptoms of dull achy and severe pain with weight bearing. Examination revealed normal strength to both lower extremities, significant left knee joint line tenderness with crepitus of the left knee, positive Apley compression, and positive patellar grind. Medications included Naproxen, Omeprazole, Tramadol-Acetaminophen, Tramadol HCL, and Trazodone. Treatment plan included associated surgical services: polar care unit & supplies (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: polar care unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the request is not medically necessary.