

Case Number:	CM15-0054880		
Date Assigned:	03/30/2015	Date of Injury:	06/20/2012
Decision Date:	05/06/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 48-year-old male who sustained a work related injury on June 20, 2012, injuring his right foot and knee when stepping off a bus. Magnetic Resonance Imaging (MRI) revealed abnormalities of the right knee. He was diagnosed with patellofemoral chondromalacia of the right knee. Treatment included rest, ice, anti-inflammatory drugs and physical therapy. Currently, the injured worker complained of constant right knee pain with swelling and instability. The treatment plan that was requested for authorization included a fourteen day rental of cold compression therapy for the right knee and a purchase of cold compression wrap for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 day rental of Cold Compression Therapy for the right knee: 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 & Leg Procedure, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The patient presents with right knee pain with grinding, swelling, catching and clicking. Patient underwent right knee diagnostic operative arthroscopy with arthroscopic partial medial meniscectomy, arthroscopic chondroplasty of the patellofemoral joint with extensive resection of fat pad fibrosis and synovectomy of the anterior and medial compartment on 2/27/15. The current request is for 14-day rental cold compression therapy for the right knee. Neither the RFA, physicians report requesting the cold compression therapy nor any other clinical records documenting the rationale for the request were submitted for review. MTUS and ACOEM guidelines do not discuss cold/hot therapy units. ODG has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. 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 use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated." In this case, although the request may be warranted, without proper documentation a determination of medical necessity cannot be made and the request was for a 14 day rental and ODG only supports a 7 day rental. Recommendation is for denial, the request IS NOT medically necessary.

Purchase of cold compression wrap for the right knee: 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 & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Cold/heat packs.

Decision rationale: The patient presents with right knee pain with grinding, swelling, catching and clicking. Patient underwent right knee diagnostic operative arthroscopy with arthroscopic partial medial meniscectomy, arthroscopic chondroplasty of the patellofemoral joint with extensive resection of fat pad fibrosis and synovectomy of the anterior and medial compartment on 2/27/15. The current request is for purchase of cold compression wrap for the right knee. Neither the RFA, physician's report requesting the cold compression wrap nor any other clinical records documenting the rationale for the request were submitted for review. ODG states the following with regards to cold packs: "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling." In this case, although the request may be warranted, without proper documentation a determination of medical necessity cannot be made. Recommendation is for denial, the request IS NOT medically necessary.