

Case Number:	CM15-0060419		
Date Assigned:	04/06/2015	Date of Injury:	09/25/2014
Decision Date:	05/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 injured worker is a 25 year old female, who sustained an industrial injury on 9/25/2014. She reported acute left knee pain, swelling, and decreased range of motion. Diagnoses include left knee strain/sprain, left knee patellofemoral instability with chondromalacia patella, and left knee flexion contracture with muscle atrophy of the thigh. Treatments to date include rest, activity modification, medication therapy, and physical therapy. Currently, she complained severe knee pain and flexion contracture. On 2/16/15, the physical examination documented atrophy of the thigh muscle approximately of one inch, crepitus and pain about the patellofemoral joint with tenderness upon palpation. The provider documented there was chondromalacia patella with a lateral patellar tilt. The plan of care included arthroscopic intervention of the knee and associated services including a water circulation heating pad with pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental of a cold therapy unit post left knee surgery: 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), Knee, Continuous flow cryotherapy.

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

Decision rationale: Continuous-flow cryotherapy is 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 usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. In this case the request for 21 days of postoperative cryotherapy surpasses the recommended maximum 7 days of postsurgical therapy. The request should not be authorized and is not medically necessary.