

Case Number:	CM15-0087055		
Date Assigned:	05/11/2015	Date of Injury:	02/16/2010
Decision Date:	06/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina

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:

This is a 60-year-old male with a February 16, 2010 date of injury. A progress note dated March 27, 2014 documents subjective findings (right knee pain), objective findings (well-healed arthroscopic portals of the right knee; range of motion 0 to 120 degrees; no effusion; positive patellofemoral crepitation; positive patellofemoral grind; pain with patellofemoral articulation of medial compartment as well as distal patellar insertion), and current diagnoses (industrial injury to right knee; status post right knee arthroscopy; status post revision of right knee arthroscopy). Treatments to date have included arthroscopic surgery of the right knee, revision of arthroscopic right knee surgery on January 21, 2011, Synvisc One injections to right knee (total of six treatments; good benefit from the injections but not lasting as long), Kenalog injections to the right knee, and medications. The treating physician requested authorization for cryoablation/focused cold therapy for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryoablation/Focused Cold Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee chapter - Nerve excision (following TKA); Corticosteroid injections.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. Therefore, the request does not meet criteria per the ODG and is not medically necessary.