

Case Number:	CM15-0088560		
Date Assigned:	05/13/2015	Date of Injury:	01/22/2014
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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: Preventive Medicine, Occupational 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(n) 42-year-old female, who sustained an industrial injury on 1/22/14. She reported slipping on ice and injuring her left knee, left ankle and lower back. The injured worker was diagnosed as having lumbar radiculopathy, left knee pain, left ankle pain and L4-L5 disc herniation. Treatment to date has included physical therapy, an EMG/NCV of the lower extremities and Tramadol. On 4/2/15, the injured worker reported moderate to severe left knee discomfort, as well as swelling and stiffness. The treating physician noted a painful McMurray's test and patellofemoral pain with compression. The treating physician recommended a left knee arthroscopy due to reported symptoms. As of the PR2 dated 4/27/15, the injured worker reports she will be having left knee surgery. Objective findings include antalgic gait and left sided groin pain with internal and external rotation of the hip. The treating physician requested an INT cold compression unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

INT Cold Compression Unit with Supplies: 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), Treatment Index, 13th Edition (web), 2015, 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 (ODG) Knee and Leg Chapter/Game Ready Accelerated Recovery System Section.

Decision rationale: MTUS guidelines do not address the use of cold-compression therapy after knee surgery; therefore, alternative guidelines were consulted. Per the ODG, cold-compression therapy is recommended as an option after surgery, but not for nonsurgical treatment. See Continuous-flow cryotherapy. The Game Ready system combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. However, in a recent yet-to-be-published RCT, patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. The injured worker is scheduled for left knee arthroscopy; however, there are no extenuating circumstances that would necessitate the use of a brand name cryotherapy unit versus an over-the-counter ice pack. The request for INT Cold Compression Unit with Supplies is determined to not be medically necessary.