MAXIMUS Federal Services

Case Number:	CM15-0089300		
Date Assigned:	05/13/2015	Date of Injury:	06/01/2012
Decision Date:	06/17/2015	UR Denial Date:	05/06/2015
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: 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:

This is a 29-year-old male with a June 1, 2012 date of injury. A progress note dated March 13, 2015 documents subjective findings (left knee pain; knee swelling at times), objective findings (tenderness to palpation over the medial femoral condyle as well as over the lateral joint line; tenderness to palpation over the lateral joint line; positive effusion; patellofemoral crepitus), and current diagnoses (knee sprain/strain). Treatments to date have included physical therapy, medications, physical therapy, and magnetic resonance imaging of the bilateral knees. The medical record identifies that the injured worker was not currently taking medications for the pain. The treating physician documented a plan of care that included a Q-tech cold therapy recovery system with wrap for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech cold therapy recovery system with wrap, 21 days rental, left knee,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (update 02/27/15) - online version, 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) Pain Chapter, Continuous-flow Cryotherapy.

Decision rationale: The 29-year-old patient complains of left knee pain along with occasional swelling, as per progress report dated 03/13/15. The request is for Q-TECH COLD THERAPY RECOVERY SYSTEM, 21 DAYS RENTAL, LEFT KNEE, PER 04/13/15 ORDER. The patient's date of injury is 06/01/12. No RFA could be found for this case. Diagnoses, as per progress report dated 01/21/15, included cumulative trauma from repetitive motion, lumbar spine sprain/strain, lumbar spine myalgia, bilateral knees patellofemoral syndrome, and right knee internal derangement. The patient is not working, as per QME report dated 03/06/15. The MTUS and ACOEM Guidelines do not discuss water therapy units. ODG Guidelines Pain Chapter, under Continuous-flow Cryotherapy states, "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, the treater is requesting for diagnostic arthroscopy of the left knee with chondroplasty synovectomy in progress report dated 01/16/15. The treater is also requesting a cold therapy unit "to decrease swelling and pain in the postoperative period." The request for the surgical intervention is also noted in progress report dated 03/13/15, indicating it was not authorized at least until then. Nonetheless, ODG guidelines support the use of the cold therapy unit only for the first 7 days after the surgery. Hence, the request for 21-day rental IS NOT medically necessary.