

Case Number:	CM15-0089487		
Date Assigned:	05/13/2015	Date of Injury:	12/02/2013
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/09/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old male, who sustained an industrial injury on December 2, 2013. He reported a left knee injury. The injured worker was diagnosed as having a rupture of a previous placed left knee anterior cruciate ligament graft, left knee posterior and anterior horn lateral meniscus tears, osteoarthritis of the left knee, and retained left knee orthopedic hardware. On April 17, 2014, the injured worker underwent a right knee arthroscopic revision of allograft anterior cruciate ligament reconstruction, partial medial and lateral meniscectomies, and removal of retained interference screw. Treatment to date has included a postoperative knee immobilizer, crutches, postoperative physical therapy, a home exercise program, work modifications, and pain medication. On May 16, 2014, the injured worker complains of right knee pain, which is improved. He reports the right knee pain is due to his gait being altered to protect his left knee. His is unable to tolerate full weight bearing of the left knee, so he continues to use his crutches. He had swelling of the left leg and knee a few days prior to this visit and a Doppler ultrasound was performed on May 14, 2014, which was negative for a deep vein thrombosis. The physical exam revealed portal sites and incision of the left knee that are healing unremarkably and decreased range of motion. The treatment plan includes stopping the use of crutches, keeping him off work, and moderate activity. The requested treatment is a cold water circulation therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold water circulation therapy unit (for home use): 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 Chapter.

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, Cryotherapy and Continuous-flow cryotherapy.

Decision rationale: MTUS does not specifically address Cold water circulation therapy unit (for home use), therefore the Official Disability Guidelines (ODG) were referenced. ODG states that "postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use". There is no evidence in the guidelines for use after the initial 7 days. ODG 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 usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated". The employee is beyond the 7 day window after surgery. Treating physician does not document reasons to deviate from the guidelines or detail other extenuating circumstances. As such, the request for Cold water circulation therapy unit (for home use) is not medically necessary.