

Case Number:	CM15-0240913		
Date Assigned:	12/17/2015	Date of Injury:	07/16/2008
Decision Date:	01/28/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/10/2015

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 61 year old male who sustained an industrial injury on 07-16-2008. A review of the medical records indicated that the injured worker is undergoing treatment for chronic right knee pain and long term-current opiate use. The injured worker is status post right knee arthroscopy in 09-2008. According to the treating physician's progress report on 11-18-2015, the injured worker continues to experience right knee pain. The injured worker ambulates with an antalgic gait and uses two canes for ambulation. There was no tenderness, atrophy or swelling of the lower extremity documented. Further objective findings of the right knee were not documented in the progress reports dated 11-18-2015, 10-21-2015 or 09-23-2015. Prior treatments have included diagnostic testing, surgery, physical therapy, functional restoration program (FRP) graduate, knee brace, knee injections, biofeedback, home exercise program and medications. Current medications were listed as Methadone, Gabapentin, Baclofen, Cyclobenzaprine and stool softeners. Treatment plan consists of continuing with home exercise program and coping strategies learned in FRP and the current request for active ice cold circulation unit for the right knee. On 12-01-2015 the Utilization Review determined the request for active ice cold circulation unit for the right knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active ice cold circulation unit for the right 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 (ODG), Knee & Leg, 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, Cryotherapy.

Decision rationale: MTUS does not specifically address cold therapy packs, 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 nor do the guidelines recommend an unspecified duration. The employee is well beyond 7 days of surgery. As such, the request for Active ice cold circulation unit for right knee is not medically necessary.