

Case Number:	CM14-0127555		
Date Assigned:	08/15/2014	Date of Injury:	10/05/2013
Decision Date:	10/06/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 74 year old employee with date of injury of 10/5/2013. Medical records indicate the patient is undergoing treatment for persistent left knee pain. Subjective complaints include anterior, medial and posterior pain down the left leg toward the ankle with occasional clicking. She does not tolerate NSAIDs well. Objective findings include a healthy looking patient without a limp. On the left knee, she has range of motion and full extension to flexion of 120 degrees. She has diffuse sensitivity to anterior, posterior and medial palpation. Slightly positive McMurray's; negative anterior and posterior drawer and Lachman's. An MRI shows a very small tear of the medial meniscus posterior horn. She has a few chondral defects that are very small and located medial. Treatment has consisted of physical therapy, topical Medrox patches and a left knee brace. The utilization review determination was rendered on 8/6/2014 recommending non-certification of an Aqua Therapy Machine w/strap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy Machine w/strap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ice/Heat therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Knee, Continuous-flow cryotherapy and Cold/heat packs

Decision rationale: ODG states, "Recommended. Ice massage compared to control had a statistically beneficial effect on ROM, function and knee strength. Cold packs decreased swelling. Hot packs had no beneficial effect on edema compared with placebo or cold application. Ice packs did not affect pain significantly compared to control in patients with knee osteoarthritis". MTUS and ACOEM are silent regarding this topic. 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." Traditional ice therapy is appropriate for swelling of the knee and continuous flow therapy is only appropriate for initial post-operative care. The treating physician did not state that the machine was for post-operative use. As such, the request for Aqua Therapy Machine w/strap is not medically necessary.