

<b>Case Number:</b>	CM14-0137470		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic knee, ankle, and foot pain reportedly associated with an industrial injury of October 30, 2013. In a utilization review report dated August 5, 2014, the claims administrator denied a request for crutches and an ice unit. The injured worker's attorney subsequently appealed. In a May 14, 2014, medical-legal evaluation, the injured worker reported persistent complaints of left knee and right ankle pain, reportedly unchanged. The injured worker reported symptoms of instability. The injured worker was obese, standing 5 feet 10 inches tall and weighing 265 pounds. The injured worker was hypertensive and diabetic, it was acknowledged. Trace synovitis and crepitation with a positive McMurry maneuver noted about the injured knee. MRI imaging of the knee on April 21, 2014, was notable for a tear of the medial meniscus with some irregular joint space loss. A knee arthroscopy, postoperative physical therapy, and total temporary disability for three to four months were endorsed. The injured worker was described as exhibiting a normal gait. The injured worker was able to walk on his toes and heels on this occasion, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice Unit:** 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 and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Continuous Flow Cryotherapy Topic.

**Decision rationale:** The request in question seemingly represents a request for postoperative cryotherapy. The MTUS does not address the topic of postoperative continuous flow cryotherapy. While Official Disability Guidelines (ODG) Knee Chapter, Continuous Flow Cryotherapy does recommend usage of continuous flow cryotherapy for postoperative use purposes, Official Disability Guidelines qualifies its position by noting that continuous flow cryotherapy postoperative usage may generally be up to seven days. The request, as written, represents a request for purchase of an ice unit/purchase of a continuous flow cryotherapy device. This request exceeds the Official Disability Guidelines recommendations; therefore, the request is not medically necessary.

**Crutches:** 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 and Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-3, page 338.

**Decision rationale:** Again, the request in question represents a request for postoperative usage of crutches. While the MTUS Guidelines in ACOEM Chapter 13, table 13-3, page 338 does acknowledge that brief partial weight bearing is an option in the treatment of meniscal tears, as appears to be present here, ACOEM qualifies its recommendation by noting that usage of partial weight bearing should be limited to an "as needed" basis. In this case, the injured worker was described as exhibiting a normal gait on the date the left knee arthroscopy was sought. The injured worker was described as weight bearing without any impediment. The injured worker was able to walk on his toes and heels. There is no evidence, that the injured worker would require usage of crutches, either preoperatively or postoperatively. Therefore, the request is not medically necessary.