

Case Number:	CM14-0140158		
Date Assigned:	09/08/2014	Date of Injury:	08/25/1998
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Therapy & Rehabilitation, 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 76 year old male injured on August 25, 1998 due to an unknown mechanism of injury. The most recent clinical note available for review, dated December 19, 2012, indicate the injured worker continues with bilateral knee pain. Pain level 7 out of 10 on the visual analog pain scale (VAS). At this time, the injured worker was awaiting knee surgery. The injured worker is participating in an aquatic therapy program and states this provided functional benefit. On physical exam of the right and left knee there is pain to palpation of the medial aspect bilaterally, crepitus was noted bilaterally, right range of motion: flexion is 12 degrees, extension is 0 degrees, left range of motion: flexion is 115 degrees, extension 0 degrees. McMurray's Test is positive bilaterally. Diagnoses include bilateral knee strain/sprain and bilateral knee osteoarthritis. At this time, the injured worker was ordered to remain off work for six weeks. The prior utilization review, dated August 7, 2014, states the injured worker underwent a right knee replacement on May 22, 2014 and participated in physical therapy after this surgery. The injured worker continued with aquatic therapy. This document also notes the injured was recommended to continue use of reusable ice packs. The prior utilization review denied the request for reusable ice packs for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reusable Ice Packs for Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter

Decision rationale: CA MTUS / ACOEM guidelines do not address the issue. Per ODG, cold therapy following surgery or musculoskeletal and soft tissue injury has long been accepted in the medical field as an effective tool for reducing inflammation, pain and swelling. Ice packs and various wraps are commonly used following surgery. In this case however, it is over 4 months post surgery; the inflammation and swelling should be subsided by now. Furthermore, simple ice in plastic bags with wraps can be used. Therefore, the request is not medically necessary per guidelines.