

Case Number:	CM14-0143844		
Date Assigned:	09/12/2014	Date of Injury:	02/11/2014
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32-year-old male with date of injury of 02/11/2014. The listed diagnoses per [REDACTED] from 07/15/2014 are: 1. Lumbar spine sprain/strain, 2. Herniated lumbar disk with radiculitis/radiculopathy, 3. Status post ACL repair, non-work related 5 years ago with full recovery, 4. Right knee sprain/strain, internal derangement, complete tear of the ACL graft. According to this report, the patient continues to complain of lower back pain and right knee pain. He rates the lower back pain 5/10 and right knee pain 6/10. The objective findings show the patient has an abnormal gait with a limp on the right leg. There is decreased lordosis in the lumbar spine. Last gue's is positive on the right and equivocal on the left. Straight leg raise is positive at 75 degrees on the right and gross positive at 90 degrees on the left eliciting pain at L5-S1 dermatome distribution. Deep tendon reflexes for the knees are absent on the right and +2 on the left, and for the ankles, 1+ bilaterally. Tightness and spasms were noted in the paraspinal musculature. Facet joint tenderness was present at L4-L5 levels bilaterally. Positive McMurray's test, positive medial and lateral joint line tenderness, and positive chondromalacia patella compression test. Anterior drawer's test is positive on the right and negative on the left. The utilization review denied the request on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of hot/cold contrast unit for 30-45 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC), Knee Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with lower back pain and right knee pain. The treater is requesting a rental of a hot/cold contrast unit for 30 to 45 days. The 07/15/2014 report notes that the treater is requesting a rental of a hot and cold contrast unit following the patient's right knee arthroscopic surgery. The 08/28/2014 UR letter authorized the surgery and modified the cold therapy unit request to a 7-day rental. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on continuous flow cryotherapy for the knee states that it is recommended as an option for surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In this case, while the patient can benefit from a hot/cold contrast unit following knee surgery, the requested 30- to 45-day rental exceeds ODG's recommended 7-day use. Recommendation is for denial.