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| Case Number: | CM14-0149644 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 09/07/2013 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 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 39 year old female with date of injury 9/7/13. The treating physician report dated 8/25/14 indicates that the patient presents with continued pain affecting the right knee status 3 months post arthroscopic surgery. The physical examination findings of the right knee were positive for swelling, crepitus and tenderness. Recent treatment history includes 16 post-surgical physical therapy sessions and prescription for Naproxen. The current diagnoses are: Right knee malposition patella S/P right knee arthroscopy on 5/14/14; and Chondromalacia patella right knee. The utilization review report dated 8/29/14 denied the request for a cold therapy unit based on the rationale that the new request for an autologous chondrocyte implantation procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 08/25/14)
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) ODG Online
Continuous-flow cryotherapy

Decision rationale: The patient presents with continued right knee pain 3 months post arthroscopic surgery. The current request is for a cold therapy unit. The treating physician in this case states in the 8/25/14 report that the patient requires additional surgery to be performed. It was recommended that a 2-stage surgical procedure about the right knee including 1st stage arthroscopy with hyaline cartilage biopsy and a subsequent 2nd stage right knee arthrotomy with autologous chondrocyte implantation or Carticel procedure be performed. This surgery was denied by utilization review as stated in the 8/29/14 report. The ODG guidelines support continuous-flow cryotherapy only after surgery as an option for up to 7 days. In this case there is no authorization for surgery, the requested second surgery has not occurred and the current request is for an unspecified period of time which is outside of the ODG guidelines. Such as, Cold Therapy Unit is not medically necessary.