

Case Number:	CM14-0153535		
Date Assigned:	09/23/2014	Date of Injury:	05/23/2014
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/19/2014

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 64 year old with an injury date on 5/23/14. Patient complains of dull, throbbing right knee pain rated 6.5/10 per 8/15/14 report. Patient states that he does have locking, but no grinding/giving way per 8/15/14 report. Based on the 8/15/14 progress report provided by [REDACTED] the diagnoses are: 1. right knee osteochondritis dissecans of the medial femoral condyle with bone marrow edema 2. right knee medial meniscus tear Exam on 8/15/14 showed "tender in right knee over medial femoral condyle/medial joint line. Full range of motion of right knee." Normal sensory exam and deep tendon reflexes. Patient walking with no limp, no assistive devices." [REDACTED] is requesting 1 pair of mobi-leg crutches and 7 days rental of contract compression care. The utilization review determination being challenged is dated 9/8/14 and denies both requests due to medical necessity not being established. [REDACTED] is the requesting provider, and he provided treatment reports from 7/15/14 to 8/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Days Rental of Contrast Compression Device: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Chapter Knee & Leg; Compression cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter Continuous-flow cryotherapy 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 (eg, muscle strains and contusions) has not been fully evaluated. Co

Decision rationale: This patient presents with right knee pain. The treater has asked for 7 days rental of contract compression care on 8/15/14. Regarding cryotherapy, ODG allows for short-term post-operative use for 7 days. ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the patient is planning to undergo a right knee arthroscopy and the requested 7 days rental of contract compression care appear reasonable and within ODG guidelines. The request is medically necessary.