

Case Number:	CM14-0164647		
Date Assigned:	10/09/2014	Date of Injury:	04/04/2011
Decision Date:	11/14/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family 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:

This is a 58 year old male patient who sustained an injury on 4/4/2011. The current diagnosis includes status post right knee replacement. Per the note dated 8/14/14, patient had minimal pain with walking on level ground, pain in the lateral knee with full knee flexion and instability with going downhill or stairs, myofascial restrictions to the posterior hip/lateral knee, flexibility deficits in the hip, especially into external rotation, mild patellofemoral joint restriction, lower extremity weakness, impaired joint integrity in the tibiofemoral joint AP, and gait dysfunction. The physical examination revealed full knee flexion, compression to the knee provided more stability and less pain, excessive crepitus in the knee with tibial translation and significant anterior translation of the tibia with anterior drawer test. Per the doctor's note dated 7/29/14, patient had complaints of right knee pain at 1/10. Physical examination revealed right knee- well healed incision, painless range of motion- 0 to 130 degrees, even gait and intact neurovascular examination. He has had right knee MRI dated 6/14/13 which revealed lateral compartment extensive degenerative arthrosis with large area of irregular full-thickness chondral loss, osteophytosis and marrow edema, medial and patellofemoral compartment degenerative arthrosis, lateral meniscus partial meniscectomy, evidence for fraying of the posterior horn and degeneration- maceration of remnant body and large intra-articular loose body in the posterior intercondylar notch. He has had right knee intra-articular platelet rich plasma injection on 8/1/13. He has had previous right knee arthroscopic surgeries in 1992, on 2/24/2004 and on 4/4/2011. He has undergone a right total knee replacement on 1/10/14. He has had 24 sessions of post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water Circ Cold Pad W Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 10/27/14) Game Ready accelerated recovery system Continuous-flow cryotherapy

Decision rationale: CA MTUS and ACOEM do not address this request. Per the cited guidelines, "Thesystem combines Continuous-flow cryotherapy with the use of vaso-compression. While there are studies on Continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system." The requested device combines cold therapy with compression and there are no published high quality studies on this kind of combined system for this diagnosis. Per the cited guidelines continuous flow cryotherapy is "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.Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy.....Recent research: This systematic review concluded that solely an analgesic effect was demonstrated by the use of continuous cooling. (Cina-Tschumi, 2007) Another systematic review concluded that, despite some early gains, cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. (Adie, 2010)" Patient has undergone right knee total replacement on 1/10/2014. There is no high grade scientific evidence to support Water Circ Cold Pad W Pump for this diagnosis. The medical necessity of Water Circ Cold Pad W Pump is not established for this patient.