

Case Number:	CM14-0181754		
Date Assigned:	11/06/2014	Date of Injury:	04/23/2014
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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 Orthopedic Surgery 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:

65-year-old male claimant reported industrial injury of April 23, 2014. Patient is diagnosed with right knee meniscus tear and medial joint space arthrosis. Right knee MRI dated 5/20/2014 demonstrates narrowing of the medial compartment with subchondral marrow edema and severe chondromalacia. There is abnormal medial meniscus with bucket-handle tear of the posterior horn and degenerative changes of the anterior horn. Exam note 9/5/2014 demonstrates patient has right knee pain. Pain radiates to the lower back and down to the right foot. Associated numbness and tingling is noted. Examination the right knee demonstrates a positive medial joint and lateral joint line tenderness, positive Apley's compression test and positive McMurray's test. Flexion is noted to be 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-op Cold Unit Aircast Cryo/Cuff Cold Compression RR times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request exceeds the number of recommended 7 days. Therefore, the determination is for not medically necessary.