

Case Number:	CM14-0099333		
Date Assigned:	09/16/2014	Date of Injury:	08/11/2002
Decision Date:	10/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 & Rehabilitation and Pain Medicine, 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 47 year old with an injury date on 8/11/02. Patient complains of right knee stiffness on 5/22/14, and right thigh pain on 5/27/14 report. Based on the 5/27/14 progress report provided by [REDACTED] the diagnosis is painful heterotopic calcification right femur. Exam on 5/27/14 showed "good mobility, but tender to touch along proximal medial thigh. Range of motion of lower extremities is good." [REDACTED] is requesting intermittent cryotherapy game ready control unit Qty: 1 and knee wrap Qty: 1. the utilization review determination being challenged is dated 6/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/22/14 to 8/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent Cryotherapy Game Ready Control Unit #14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online: Continuous-flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Knee chapter, Continuous-flow cryotherapy and Cold/heat packs (for Heterotopic Ossification).

Decision rationale: This patient presents with right thigh/knee pain and is s/p (Status Post) heterotopic ossification from his right femoral fracture from 5/19/14. The treater has asked for intermittent cryotherapy game ready control unit Qty: 1 but the date of the request is not known. 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 requested cold compression post-surgical therapy unit is not indicated per ODG guidelines and is not considered medically necessary for this patient's condition. Therefore, the request for Intermittent Cryotherapy Game Ready Control Unit #14 is not medically necessary and appropriate.

Knee Wrap #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "9/9/13 Right hip arthroscopy with labral resection; ligamentum teres resection; femoral neck osteochondroplasty."

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: This patient presents with right thigh/knee pain and is s/p (Status Post) heterotopic ossification from his right femoral fracture from 5/19/14. The treater has asked for knee wrap Qty: 1. ACOEM, MTUS, and ODG are silent regarding knee wraps, but ACOEM does address knee braces. ACOEM recommends knee brace for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In this case, the treater has asked for an knee wrap, which does not appear necessary for patient, as physical exam does not show evidence of knee instability. Furthermore, ODG guidelines for heterotopic ossification treatments do not include knee wrap or bracing. As such, Knee Wrap #1 is not medically necessary and appropriate.