

Case Number:	CM14-0157278		
Date Assigned:	09/30/2014	Date of Injury:	02/03/2014
Decision Date:	04/22/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 58 year old male, who sustained an industrial injury on 2/3/14. He has reported right knee injury after twisting the knee and banging into a metal header board. The diagnoses have included right knee degenerative disc disease (DDD) and medial meniscus tear of right knee. Treatment to date has included medications, diagnostics, cold packs, bracing, injections, knee aspiration, physical therapy 10 sessions and Home Exercise Program (HEP). Currently, as per the physician progress note dated 8/19/14, the injured worker complains of right knee (patella) pain with clicking in the knee. The injured worker states that the last time he felt better after getting cortisone injection and knee aspirated as it helped to decrease the pain. The range of motion in the knee increased after having the knee aspirated. The physical findings were not documented. The physician recommended cortisone injection to the right knee which was administered and 10cc of clear yellow fluid was aspirated. It was noted that surgery was approved and that he would work on pre-op clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARS hot/cold unit with ARS pad/wrap for purchase: 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), Treatment Index, 11th Edition (web), 2013, 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: I respectfully disagree with the UR physician. The injured employee has been approved for any surgery and a continuous flow cryotherapy unit such as a device requested has been shown to decrease postoperative pain, swelling, inflammation, and pain medication usage. However, such a unit is only recommended for the first seven days of the postoperative period. Considering this, the request for the purchase of such a unit is not medically necessary.