

Case Number:	CM14-0174985		
Date Assigned:	01/27/2015	Date of Injury:	04/11/2014
Decision Date:	06/16/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 45 year old male with an injury date of 04/11/14. As per progress report dated 09/24/14, the patient complains of pain in the right knee around the knee cap and on the medial side. Physical examination reveals tenderness in the affected area along with slight swelling. The patient is relying on knee brace for support. CT Arthrogram of the Right Knee (date not mentioned), as per progress report dated 09/24/14: Small joint effusion; Old MCL comminuted patella fracture; Three loose fragments in the superior aspect of patella; Chondromalacia changes of the patellofemoral joint; Full thickness tear of the MCL Diagnoses, 09/24/14: History of right knee patella fracture with open reduction internal fixation, x-ray reveals broken and loose hardware- Right knee MCL tear. The utilization review determination being challenged is dated 10/14/14. Only one progress report dated 09/24/14 was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold TX Unit (rental/purchase): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Procedure Summary Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter, cold/heat packs.

Decision rationale: MTUS does not comment on the use of continuous cold therapy. ODG guidelines state that it 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. This request is medically necessary.