

Case Number:	CM14-0218779		
Date Assigned:	01/08/2015	Date of Injury:	05/13/2011
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained a work related injury to her left knee while descending stairs on May 13, 2011. The injured worker is diagnosed with patellofemoral mal-alignment. The injured worker underwent arthroscopy of the left knee on September 16, 2014 for subcutaneous lateral release, patelloplasty, partial medial meniscectomy, partial synovectomy, arthrotomy of the left knee with medial capsular reconstruction and removal of loose bodies with intra-articular injection. Postoperatively, the injured worker was treated with physical therapy. On December 4, 2014 the physical examination revealed a painful suture granuloma about the medial aspect of her left knee. Current medications consist of Norco, cyclobenzaprine, Diclofenac Sodium ER, Tramadol HCL ER and Pantoprazole ER. Recommendations included a granuloma removal. Postoperative durable medical equipment and physical therapy was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit (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, Treatment in Workers Comp, 19th Edition, 2014 updates, Knee procedure, 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 Chapter, Continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days following surgery, including home use. According to the documentation provided, the injured worker is pending authorization for a removal of suture granuloma from the left knee. Although a continuous flow cryotherapy unit is recommended for up to 7 days following the surgery, the current request does not include a frequency or duration of treatment. Guidelines recommend a 7 day rental, as opposed to a unit purchase. Given the above, the request is not medically appropriate at this time.