

Case Number:	CM15-0110090		
Date Assigned:	06/19/2015	Date of Injury:	05/28/2012
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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

Certification(s)/Specialty: Orthopedic Surgery

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 was a 56 year old female, who sustained an industrial injury, May 28, 2012. The injured worker previously received the following treatments Naproxen, Pantoprazole, Hydrocodone, physical therapy, according to the operative report arthroscopic left knee surgery on March 2, 2015, random toxicology laboratory studies which were negative for any unexpected findings. The injured worker was diagnosed with left knee pain, other derangement of the lateral meniscus, primary localized osteoarthritis, lower leg tear of lateral cartilage or meniscus of knee, current and dislocation of the knee, left knee arthroscopic surgery on March 2, 2015 and depression. According to progress note of May 27, 2015, the injured worker's chief complaint was left knee pain. The injured worker rated the pain at 6 out of 10. The injured worker continued to take Hydrocodone for severe to moderate pain. The physical exam noted range of motion was 100 degrees. The examination revealed a well-healed arthroscopic portal holed from arthroscopic surgery of the left knee. The treatment plan included retroactive hot/cold therapy unit with pad water circulating unit and pneumatic compression device and crutches related to left knee surgery performed on March 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro associated surgical service: Hot/cold therapy unit (water circulating pad with pump, pad water circulating unit, pneumatic compression device), DOS: 3/2/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter 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 has an unspecified amount of days. Therefore the determination is not medically necessary.