

Case Number:	CM15-0110393		
Date Assigned:	06/16/2015	Date of Injury:	08/17/2012
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 8/17/12. Initial complaints were not reviewed. The injured worker was diagnosed as having left knee chondromalacia patella; torn medial meniscus left knee. Treatment to date has included physical therapy; status post left knee arthroscopy with partial medial and lateral menisectomies; tricompartmental synovectomy and chondroplasty of the patella and medial femoral condyle (4/20/15). Currently, the PR-2 notes dated 1/13/15 indicate the injured worker has complained of persistent pain and swelling of the left knee and left ankle. He has completed 4/6 physical therapy sessions. The provider discusses MRI findings of meniscus tear and injured worker would like to proceed with a left knee arthroscopy with menisectomy. He will follow-up with his orthopedic surgeon for this procedure. An operative report is submitted for the date of service 4/20/15 indicating procedure left knee arthroscopy with partial medial and lateral menisectomies; tricompartmental synovectomy and chondroplasty of the patella and medial femoral condyle. The provider has additionally requested Therman cure rental x30 days; therman cure pad and crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therman cure rental x30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time this is recommended for use after surgery. The request is in excess of this period for and therefore is not medically necessary.

Therma cure pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time this is recommended for use after surgery. The request is in excess of this period for and therefore is not medically necessary.