

Case Number:	CM15-0117332		
Date Assigned:	06/25/2015	Date of Injury:	12/03/2013
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 26 year old female who reported an industrial injury on 12/3/2013. Her diagnoses, and/or impressions, are noted to include: left knee sub-chondral fracture with osteochondral fragment of the left knee and internal derangement; arthrofibrosis of the left knee. No current imaging studies are noted. Her treatments are noted to include left knee diagnostic arthroscopic release surgery with lysis of adhesions on 1/20/2015; physical therapy; medication management; and rest from work. The progress notes of 1/15/2015 reported complaints, which included constant and severe left knee pain, with stiffness and occasional bruising, which remained unchanged, and is helped by rest and medications. The physician's requests for treatments were noted to include post-surgical passive range-of-motion machine as well as a compression ice machine for prophylactic purposes to avoid exacerbation of the current injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cryotherapy rental x3 months: 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), Knee and Shoulder Chapters, Cold Therapy Unit.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, cryotherapy.

Decision rationale: The Official Disability Guidelines discuss the use of continuous-flow cryotherapy in cases of post-operative knee treatment. The use of these devices is recommended for up to seven days, including home use. Continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. Given the provided records indicating greater than seven days from the postoperative phase, the denial by utilization review is reasonable. Therefore, based on the guidelines and provided documents, the request for cryotherapy is not considered medically necessary.

CPM rental x3 months: 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), CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, CPM.

Decision rationale: The ODG provide the preferred mechanism for assessing medical necessity in this case. The guidelines state that in cases of home use, CPM may be considered for up to 17 days after surgery while patients are at risk of a stiff knee, are immobile, or unable to bear weight, under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. In this case, the patient is not within a recent timeline of surgery, and a diagnosis of RSD is being considered. Given the lack of proximity to surgery and subsequent inconsistency with the guidelines, the request cannot be considered medically necessary at this time.