

Case Number:	CM15-0118788		
Date Assigned:	06/29/2015	Date of Injury:	08/13/2013
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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 44 year old male, who sustained an industrial injury on 8/13/2013. He reported a burning sensation in his right lateral knee. Diagnoses have included internal derangement right knee with decreased tibiofemoral rotation and lack of full flexion, chronic chondromalacia of right patellofemoral joint, chronic synovitis of the right knee and evidence clinically of recurrent tear of the right lateral meniscus. Treatment to date has included right knee surgery, physical therapy, cortisone injections and Viscosupplementation injection. According to the orthopedic evaluation dated 5/14/2015, the injured worker complained of right knee pain. He rated his pain as 7-8/10. He reported frequent intermittent periods of swelling in the right knee. Physical exam revealed quadriceps weakness on the right. There was minimally increased warmth and swelling of the right knee compared to the left. There was exquisite tenderness over the posterior horn of the lateral meniscus of the right knee and over the medial and lateral facet of the right patella. It was noted that anti-inflammatory medications caused increased blood pressure in the past. Authorization was requested for Micro-cool, one month rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro-cool, 1 month rental: 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).

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, continuous flow 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 that the patient is not in a recent post operative phase, the denial by utilization review for the requested modality is reasonable. There is not compelling evidence to indicate that the patient cannot use normal ice/cold packs rather than continuous flow cryotherapy, which is typically reserved for immediate post operative treatment. Therefore, based on the guidelines and provided documents, the request is not considered medically necessary.