

Case Number:	CM15-0120985		
Date Assigned:	07/01/2015	Date of Injury:	02/20/2013
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/23/2015

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: Arizona, California
 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 56 year old male who sustained an industrial /work injury on 2/20/13. He reported an initial complaint of right knee and back pain. The injured worker was diagnosed as having right knee meniscus tear. Treatment to date included medication, diagnostics, and past surgery (s/p bilateral hip replacement). MRI results reported in 2014 revealed meniscus tear and chondromalacia. Currently, the injured worker complained of pain in the right knee and low back. A cane was used for ambulation. Per the primary physician's report (PR-2) on 5/26/15, exam revealed mild quadriceps atrophy, normal gait, no effusion, medial joint line pain or tenderness, mild decreased strength of the quadriceps, positive McMurray's test medially. Current plan of care included right knee arthroscopic meniscectomy and chondroplasty procedure and consult for spinal stenosis. The requested treatments include crutches for purchase and Cold Therapy Unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches for 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, Knee and leg, walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee pain and walking aids and pg 70.

Decision rationale: According to the guidelines, cane is recommended for those with knee disease and or arthritis. In this case, the claimant was using a cane. An orthopedic note on 4/23/145 indicated that the claimant requires a walker to ambulate and anticipated only deskwork for 12 weeks post-surgery. However, a therapy note on 5/13/15 indicated the claimant was progressing with ambulation and anticipated walking without a device in 2-4 weeks. Although, there was a plan for surgery, the request for purchasing a crutch in advance is not justified base on the claimant's progress and indeterminate length of need.

Cold Therapy Unit for 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, Knee and Leg, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee pain and pg 16.

Decision rationale: According to the guidelines, cold pack is recommended to reduced swelling and inflammation. This is would be indicated in cases of acute injury or post-surgical. Long-term use is not indicated. In this case, the claimant was it undergoes knee surgery. The request to use a cold therapy unit may be appropriate but there is no justification for indefinite use and purchase. As a result, the request for a cold therapy unit purchase is not medically necessary.