

Case Number:	CM15-0124987		
Date Assigned:	07/09/2015	Date of Injury:	02/10/2010
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: Emergency 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 59 year old female who sustained an industrial injury on 02/10/2010 as a laundry machine operation with frequent bending, adding and removing clothes from machines. The injured worker was diagnosed with bilateral knee degenerative joint disease and obesity. The injured worker is status post left knee arthroscopy in 2010. Treatment to date has included diagnostic testing, injections, chiropractic therapy, acupuncture therapy, physical therapy, cane and medications. According to the primary treating physician's progress report on May 22, 2015, the injured worker continues to experience bilateral knee pain. Examination demonstrated painful range of motion documented as right knee at 5 degrees extension and 110 degrees flexion and left knee at 10 degrees extension and 95 degrees flexion. There was positive crepitus noted. The injured worker is cane dependent. Current medications are listed as Ibuprofen, Prilosec and topical analgesics. Treatment plan consists of continuing with oral and topical analgesic medication regimen, urine drug screening, an authorized left total knee arthroplasty and the current request for cold therapy unit with pads/straps for a 14-day rental post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fourteen-day rental of a cold therapy unit with pads/straps: 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 Leg Chapter.

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

Decision rationale: The requested fourteen-day rental of a cold therapy unit with pads/straps is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Knee, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker continues to experience bilateral knee pain. Examination demonstrated painful range of motion documented as right knee at 5 degrees extension and 110 degrees flexion and left knee at 10 degrees extension and 95 degrees flexion. There was positive crepitus noted. The injured worker is cane dependent. Current medications are listed as Ibuprofen, Prilosec and topical analgesics. Treatment plan consists of continuing with oral and topical analgesic medication regimen, urine drug screening, an authorized left total knee arthroplasty. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, fourteen-day rental of a cold therapy unit with pads/straps is not medically necessary.