

Case Number:	CM15-0125327		
Date Assigned:	07/16/2015	Date of Injury:	01/19/2012
Decision Date:	08/12/2015	UR Denial Date:	06/12/2015
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, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 61 year old male, who sustained an industrial injury on January 19, 2012. He reported left knee and hamstring pain. Treatment to date has included Supartz injection, physical therapy, and assistive devices for ambulation, MRI, laboratory tests, EKG, surgery, home exercise program, medication, cold therapy, modified activity and rest. Currently, the injured worker complains of left knee pain that is exacerbated by climbing, squatting, kneeling and prolonged walking. He reports his symptoms improve with ice and rest. The injured worker is diagnosed with left medial meniscus tear, left medial compartment osteoarthritis, post left medial and lateral meniscectomy and patellofemoral chondroplasty. His work status is return to work with modifications. A note dated March 26, 2014 stated good relief from the Supartz injection and the injured worker was able to return to work. A note dated April 30, 2015 states the injured worker's mobility has improved with physical therapy and home exercise program, but continues to experience pain and weakness in his left knee when climbing stairs. The injured worker is approved for a total knee replacement therefore; a cold therapy unit with DVT prophylaxis is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit with DVT prophylaxis: 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.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the request is not medically necessary.