

Case Number:	CM15-0126838		
Date Assigned:	07/17/2015	Date of Injury:	03/23/2009
Decision Date:	08/12/2015	UR Denial Date:	05/31/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old female who sustained an industrial injury on 03/23/2009. There was no mechanism of injury documented. The injured worker was diagnosed with bilateral degenerative joint disease, lumbar radicular pain and a right posterior medial meniscus tear. The injured worker also has a history of diabetes mellitus, hypertension and acid reflux. The injured worker underwent a left total knee arthroplasty in March 2011. Treatment to date has included diagnostic testing with recent right knee magnetic resonance imaging (MRI) on April 30, 2015, surgery, physical therapy, home exercise program, crutches, and Euflexxa injections series (3) to the right knee, lumbar epidural steroid injections and medications. According to the primary treating physician's progress report on April 29, 2015, the injured worker continues to experience right knee pain and tenderness. Examination of the right knee demonstrated a minor effusion with tenderness along the medial joint line. McMurray's, bounce home and Apley's signs were positive. Lachman and pivot-shift were noted as negative. There was no evidence of varus or valgus laxity or instability. Range of motion was 0-120 degrees with discomfort. Quadriceps and hamstring strength were excellent with neurovascular status grossly intact. Current medications are listed as Voltaren Gel and Omeprazole. Treatment plan consists of right knee arthroscopy with partial medial meniscectomy scheduled on June 1, 2015. The current request is post-operative intermittent pneumatic compression cold therapy unit times 28 days and wrap for cold therapy unit times 28 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intermittent pneumatic compression cold therapy unit (days) Qty: 28: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: There is no evidence to support the need of cold therapy for more 21 days. Medical guidelines recommended DVT prophylaxis for 21 days in this patient. There are no controlled studies supporting the use of hot/cold therapy beyond a short period of time after surgery. Cold therapy is not indicated for chronic pain. Therefore, the request for intermittent pneumatic compression cold therapy unit (days) Qty: 28 is not medically necessary.

Wrap for cold therapy unit (days) Qty: 28: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cold/heat packs.
(http://www.worklossdatainstitute.verioiponly.com/odgtwc/low_back.htm#SPECT).

Decision rationale: There is no evidence to support the need of cold therapy for more 21 days. Medical guidelines recommended DVT prophylaxis for 21 days in this patient. There are no controlled studies supporting the use of hot/cold therapy beyond a short period of time after surgery. Cold therapy is not indicated for chronic pain. Therefore, the request for Wrap for cold therapy unit (days) Qty: 28 is not medically necessary.