

Case Number:	CM15-0170091		
Date Assigned:	09/10/2015	Date of Injury:	05/13/2011
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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, Oregon, Washington
 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 72 year old male who sustained an injury on 5-13-11. Diagnoses include degenerative joint disease, left knee with derivative low back pain and degenerative changes of the lumbar spine secondary to gait abnormality. On 3-4-15, the medical records indicate he was status post arthroscopy with medial and lateral meniscectomy of the left knee with marked degenerative arthritis. Conservative treatments of physical therapy and medication have failed and he has loss of range of motion, nighttime joint pain and no relief with conservative care. He was using a cane to walk and had limited range of motion. New X-rays show marked collapse and bone on bone and there are moderate degenerative changes of the patellofemoral joint. Range of motion was 0-90, crepitation of motion and increased medial lateral laxity. MRI left knee 6-9-11 reveals tear of the posterior horn of the medial meniscus; moderate to large joint effusion; osseous and articular cartilage degenerative changes in the medial compartment. There was a request for unicompartmental knee replacement, durable medical equipment including brace; cold therapy; and postoperative physical therapy for a minimum of 24 visits. On 5-20-15 the PR-2 report indicates awaiting authorization to proceed with surgery and other requested treatments. Current requested treatments cold therapy unit x 2 week rental. The utilization review 8-3-15 requested treatment cold therapy unit x 2weeks was modified to cold therapy x 1 week rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Cold Therapy Unit x2 week rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee 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 and Leg Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request has an unspecified amount of days. Therefore, the determination is for non-certification. The request is not medically necessary.