

Case Number:	CM15-0170322		
Date Assigned:	09/10/2015	Date of Injury:	09/18/2013
Decision Date:	10/14/2015	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 9-18-13. The injured worker was diagnosed as having right shoulder impingement syndrome, right knee symptomatic medial and lateral meniscus tears, left ankle sprain and morbid obesity. Treatment to date has included physical therapy, anti-inflammatory medication, chiropractic modalities, bracing and injection. The physician noted (MRI) magnetic resonance imaging of the right knee revealed medial and lateral meniscus tears; however the report was not submitted with documentation. Currently on 7-21-15, the injured worker complains of right knee pain. Work status is return to modified work. Physical exam performed on 7-21-15 revealed tenderness in the right shoulder diffusely to palpation with slightly restricted range of motion and positive impingement of right shoulder and palpation of right knee revealed tenderness to palpation along the medial and lateral aspects of the knee; minimal swelling of the left ankle is also noted. The treatment plan included recommendation for right knee arthroscopy with partial meniscectomy and chondroplasty. On 8-3-15 utilization review modified a request for cold compression therapy from 14 day rental to 7 day rental noting there is no compelling rationale to extend its use for 14 days when guideline clearly recommends use to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment Post-Op Cold Compression Therapy Unit Rental #14 days:
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, Continue -Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter under continuous-flow cryotherapy.

Decision rationale: The current request is for Durable Medical Equipment Post-Op Cold Compression Therapy Unit Rental #14 days. Treatment to date has included physical therapy, anti-inflammatory medication, pain medication, chiropractic modalities, bracing and injections. Work status is return to modified work. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." Per report 07/21/15, the patient presents with chronic right knee pain. Examination findings revealed tenderness, positive McMurray's test, positive Apley compression test, range of motion is 0 to 12 degrees. The treater references a magnetic resonance imaging of the right knee, which revealed medial and lateral meniscus tears. The treater recommended right knee arthroscopy with partial meniscectomy and chondroplasty. This is a request for cold compression therapy for 14 days for post-operative rehabilitation. According to UR letter dated 08/03/15, the requested surgery, pre op labs and post op PT was certified. In this case, while post-operative use of continuous flow cold treatments is supported by the ODG, it only recommends it for 7 days following surgery. The current request is for 14 days exceeds what is recommended by ODG. The request IS NOT medically necessary.