

Case Number:	CM15-0177017		
Date Assigned:	09/17/2015	Date of Injury:	03/09/2005
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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 42 year old female, who sustained an industrial injury on 3-9-05. The documentation on 7-21-15 noted that the injured worker has complaints of right hip and right knee pain with notable inflammation. Right hip examination revealed palpable tenderness and noted weakness on range of motion during flexion and extension and right knee examination revealed patellofemoral syndrome with notable inflammation, +2. The diagnoses have included right trochanteric bursitis; status post left knee arthroscopic surgery with post patellofemoral osteoarthritis and status post right knee arthroscopic surgery with post patellofemoral osteoarthritis. Treatment to date has included right knee arthroscopy on 5-8-15; cortisone injection noted immediate relief to the right knee; norco as needed to help reduce pain; flexeril and flurbiprofen topical cream; motrin as needed to help decrease pain and physiotherapy. The original utilization review (8-13-15) non-certified the request for q-tech recovery system 30 day rental (left knee).

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-tech recovery system 30 day rental (left knee): 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 chapter. Game Ready Accelerated Recovery System.

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, under Continuous-flow cryotherapy.

Decision rationale: The patient presents on 07/21/15 with unrated right hip and right knee pain with associated inflammation. The patient's date of injury is 03/09/05. Patient is status post right knee arthroscopic acromioplasty, synovectomy, chondroplasty, and medial meniscectomy on 05/08/15, and status post left knee arthroscopy at a date unspecified. The request is for Q-TECH RECOVERY SYSTEM 30 DAY RENTAL (LEFT KNEE). The RFA was not provided. Physical examination dated 07/21/15 reveals tenderness to palpation of the right hip, with weakness noted on flexion/extension, and patellofemoral syndrome with notable inflammation of the right knee. The patient is currently prescribed topical medications, Norco, and Motrin. Patient's current work status is not provided. Official Disability Guidelines, Knee and Leg Chapter, under Continuous- flow cryotherapy states the following regarding postoperative cold therapy units: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries -eg, muscle strains and contusions -has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating. In regard to the 30 day rental of a cold therapy unit, the provider has exceeded guideline recommendations and this patient is not in the post-operative stage. Progress note dated 07/21/15 indicates that the patient presents with ongoing right knee and right hip pain. The patient's most recent surgical procedure was on 05/08/15, therefore she is not considered to be in the post-operative phase. Per progress note 07/21/15, the provider states: "I have also prescribed the patient a polar ice unit to be dispensed to the patient to be applied to the area of complaint to decrease pain and to decrease the need for oral medications." Official Disability Guidelines specify a 7 day rental for only for post-operative recovery, the request for a 30 day rental for use outside the post-operative phase does not meet guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.