

Case Number:	CM15-0177565		
Date Assigned:	09/18/2015	Date of Injury:	04/19/2015
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male who sustained an injury on 4-19-15 resulting when he fell and injured his left knee. Treatment included physical therapy, anti-inflammatories, injection and modified work duty. MRI left knee 6-1-15 reveals subtle inner free edge tear of the posterior horn of the medial meniscus as well as minimal degenerative signal along the inner free edge of the mid zone of the lateral meniscus. The current examination on 8-3-15 indicates he has pain in the left knee and has completed physical therapy along with the medication has not provided significant relief. Physical examination left knee reveals tenderness to palpation at the inferior pole of the patella and the medial joint line; flexion 120 degrees. Diagnoses left knee medial meniscus tear and left knee prepatellar bursitis, improved. The medical records indicate he was approved for left knee arthroscopic medial meniscectomy. He was to continue with modified duty of limited lifting, pulling, pushing, kneeling and squatting. On 8-3-15 cold therapy unit 14 day rental was requested. Utilization review 8-12-15 cold therapy unit 14 day rental recommended certification for seven day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit 14 day rental: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy.

Decision rationale: The claimant sustained a work injury in April 2015 and is being treated for left knee pain after a fall. When he slipped and fell on wet tiles. When seen, conservative treatments had included physical therapy, medications, and a cortisone injection. An MRI of the left knee had shown a partial medial meniscus tear and medial compartment chondromalacia. There was decreased knee range of motion with positive McMurray's testing. An arthroscopic medial meniscectomy is being planned with post-operative care to include a 14 day cold therapy unit rental. Cold compression/continuous-flow cryotherapy is recommended as an option after knee surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the request is in excess of the guideline recommendation and is not medically necessary.