

Case Number:	CM15-0178128		
Date Assigned:	09/18/2015	Date of Injury:	05/08/2001
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female with a date of injury of May 8, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for a healed supracondylar femur fracture and right total knee arthroplasty with revision on January 22, 2015. Medical records dated June 4, 2015 indicate that the injured worker complains of continued stiffness and weakness of the right knee, and diffuse pain throughout the knee and lower extremity. A progress note dated July 16, 2015 notes subjective complaints of persistent pain, weakness, and stiffness of the right knee, and making slow gains in physical therapy. Per the treating physician (July 16, 2015), the employee's work status was temporarily totally disabled. The physical exam dated June 4, 2015 reveals healed anterior incision of the right knee, range of motion from 0 to 90 degrees, no instability, and soft compartment. The progress note dated July 16, 2015 documented a physical examination that showed no changes since the examination on June 4, 2015. Treatment has included right knee replacement revision, and at least twelve sessions of physical therapy. The original utilization review (August 31, 2015) non-certified a request for an eight week extension of Thermacure [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure [REDACTED] 8 week extension: 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 & Leg (Acute & Chronic): Continuous-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) cryotherapy.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for non-surgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore is not medically necessary.