

Case Number:	CM15-0064400		
Date Assigned:	04/10/2015	Date of Injury:	07/03/2007
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, California
 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:

The injured worker is a 53 year old male, who sustained an industrial/work injury on 7/3/07. He reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee pain with posterior medial meniscus with an extrusion, high-grade chondrosis of the mid trochlear groove and low grade in the medial femoral condyle with medial compartment osteophytes. Treatment to date has included medication, durable medical equipment (DME), physical therapy, and steroid injection. MRI results were reported on 6/12/14. X-Rays results were reported on 2/25/15. Currently, on 3/20/15 the injured worker complains of pain in the right knee. Per the primary physician's progress report (PR-2) on 2/25/14, the injured worker had mild to moderate aching pain. The medial joint line was tender on the right along with mild crepitation. The McMurray's test was positive. The requested treatments include cold therapy unit for the right knee. The patient has had MRI of knee on 6/12/14 that revealed meniscus injury. The medication list includes Topiramate, Diovan, Simvastatin, Pristiq, Abilify, Diazepam, and Amlodipine. The patient's surgical history include right RTR on 6/11/2008. The patient has had EMG/NCV on 1/13/15 that revealed moderate bilateral CTS. The patient sustained the injury due to fall. The patient had received steroid injection for this injury. Patient has received an unspecified number of PT visits for this injury. Any surgery or procedures of the right knee were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit right knee 7-14 days 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, Knee & Leg 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 & Leg (updated 05/05/15) Continuous-flow cryotherapy.

Decision rationale: Request: Cold therapy unit right knee 7-14 days rental. ACOEM and CA MTUS do not address this request. Therefore ODG used. Per the cited guidelines, Continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting." There is limited information to support active vs passive cryo units. Cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA. Any surgery or procedures of the right knee were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. The response of the symptoms to a period of rest, oral pharmacotherapy and splint is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The rationale for use of Cold therapy unit right knee 7-14 days rental was not specified in the records provided. The medical necessity of the request for Cold therapy unit right knee 7-14 days rental is not fully established in this patient.