MAXIMUS Federal Services

| Case Number: | CM15-0065336 | | |
|---|---|---|---|
| Date Assigned: | 04/13/2015 | Date of Injury: | 04/16/2014 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

## 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

## 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 37 year old male patient who sustained an industrial injury on 04/16/2014. A primary treating office visit dated 04/15/2015 reported subjective complaints of neck pain with stiffness. He also complains of low back pain and right ankle pain. The patient is scheduled for right knee surgery on 05/14/2015. He has completed sessions of physical therapy treating low back and right ankle. He is not working. Of note, he had tried Anaprox for pain relief. The following diagnoses are applied: strain/sprain of cervical spine, resolved; strain/ sprain of lumbar spine; internal derangement of the right knee, rule out meniscus tear; strain/ sprain of the right ankle, and right knee fracture. The plan of care involved prescription for Norco 10/325mg; proceed with right knee surgery, and follow up in five weeks. He may return to modified work duty on 04/15/2015. The office visit dated 03/18/2015 reported current complaints of continues with right knee pain. He is status post an injection two weeks prior with note of slight temporary improvement. He is also experiencing popping and occasional locking of the right knee. He is also having difficulty sleeping secondary to pain. He currently utilizes Anaprox. Overall, he is noting functional improvement and pain improvement with current medication regimen. Prior diagnostic testing to include: magnetic resonance imaging studies. He is diagnosed with strain/sprain of the cervical spine, resolved; strain/sprain of the lumbar spine; internal derangement of right knee, rule out meniscus tear; strain/sprain of right ankle; right knee fractures; left posterior disc protrusion at L4-5, and disc protrusion/extrusion at L5-S1. The plan of care involved: prescribing Anaprox, and continue with physical therapy,

recommending surgical intervention for right knee, micro cool unit, and post-operative physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Four week rental of a mirco cool unit for the right 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(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 Section, Continuous Flow Cryotherapy.

**Decision rationale:** Pursuant to the Official Disability Guidelines, four-week rental micro cool unit is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use maybe for up to seven days, including home use. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. In this case, the injured worker's relevant working diagnoses are internal derangement right knee; and right knee fractures. The treating provider requested a microcool unit (continuous flow cryotherapy) for the postoperative period status post arthroscopy, meniscectomy and chondroplasty. The microcool unit is indicated for up to seven days. Treating physician requested a four-week rental. A four-week rental is not clinically indicated. A seven-day rental is clinically indicated. Consequently, absent guideline recommendations for a four-week rental micro cool unit, four-week rental micro cool unit is not medically necessary.