

Case Number:	CM15-0094451		
Date Assigned:	05/21/2015	Date of Injury:	10/10/2014
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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 39 year old male, who sustained an industrial injury on 10/10/14. He reported right knee pain. The injured worker was diagnosed as having a right ACL tear, right knee strain, and right knee contusion. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of constant right knee pain with pops and clicks. The treating physician requested authorization for a cold compression unit rental for 3 days and a cold compression unit wrap purchase. Per the doctor's note, dated 3/11/15 patient had complaints of right knee pain and swelling. Physical examination of the right knee revealed tenderness on palpation, mild swelling and positive McMurray's test. Patient has received an unspecified number of PT visits for this injury. The patient was scheduled for surgery of right arthroscopy on 4/23/15. A surgery or procedure related to this injury was not specified in the records provided. An operative note was 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 compression unit rental, 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - 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) Knee & Leg (updated 05/05/15) Continuous-flow cryotherapy.

Decision rationale: ACOEM and CA MTUS do not address this request. Therefore ODG is 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. The patient was scheduled for surgery of right arthroscopy on 4/23/15. A surgery or procedure related to this injury was not specified in the records provided. An operative note was 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 medical necessity of the request for Cold compression unit rental, 30 days is not fully established in this patient. The request is not medically necessary.

Cold compression unit wrap, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - 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) Knee & Leg (updated 05/05/15) Continuous-flow cryotherapy.

Decision rationale: 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. The patient was scheduled for surgery of right arthroscopy on 4/23/15. A surgery or procedure related to this injury was not specified in the records provided. Any operative note was 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 medical necessity of the request for Cold compression unit wrap, purchase is not fully established in this patient. The request is not medically necessary.