

Case Number:	CM15-0097355		
Date Assigned:	05/28/2015	Date of Injury:	11/17/2012
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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

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 50-year-old female, who sustained an industrial injury on 11/17/2012. She reported a slip and fall, landing on her left hand and buttocks, and injuring her right knee. The injured worker was diagnosed as having lumbar sprain/strain, rule out lumbar disc pathology, right knee sprain/strain, medial meniscus tear, and right knee osteoarthritis. Treatment to date has included diagnostics, physical therapy, and medications. X-ray of the right knee (10/10/2013) showed minimal compartment osteoarthritis of the right knee. On 2/16/2015, the injured worker complained of right knee "giving way". Medications included Naproxen and Ultram. Magnetic resonance imaging of the right knee (1/22/2013) was documented to show severe arthritis (report not submitted). On 3/25/2015, her right knee showed 20 degrees extension and 110 degrees flexion, improved from previous exam. She used a cane to ambulate. Her body mass index was not noted. The treatment plan included a right knee arthroscopic surgery, per Qualified Medical Examination report. The report noted that a future knee arthroplasty could not be ruled out in the future, as radiographic imaging was not available at the time (8/02/2014). The progress report did not discuss a request for polar ice unit for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar ice unit for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Polar Care, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for postoperative use only, up to 7 days. Within the documentation available for review, the request is not indicated as it is supported for only up to 7 days after surgery and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Polar Care is not medically necessary.