MAXIMUS Federal Services

Case Number:	CM15-0098308		
Date Assigned:	05/29/2015	Date of Injury:	02/16/2011
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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: Emergency 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 49 year old male who sustained an industrial injury on 02/16/2011. Diagnoses include internal derangement of the knee on the right with Magnetic Resonance Imaging showing lateral meniscus tear but not reaching the articular surface, status post one injection, he is approved for surgery as of January 2015, internal derangement of the knee on the right status post two surgical interventions with a grade II change along the patella, grade II, III align the trochlea and grade III along the medial femoral condyle, status post two cortisone injections and a series of Hyalgan injections, and a standing x-ray obtained on March 12, 2015 revealed a 1-2mm articular surface along the joint line, discogenic lumbar condition, and chronic depression. Treatment to date has included diagnostic studies, medications, knee brace, hot and cold wrap, Cortisone injections to knees, Hyalgan injection to the right knee, and status post two surgical interventions to the right knee. X ray of the left knee done on 03/05/2015 showed no visible abnormality of the left knee. A physician progress note dated 03/12/2015 documents the injured worker complains of right knee pain. He has tenderness along the knee and in the patella as well as inner joint line along the right and some along the left as well. Extension is 170 degrees and flexion is 90 degrees. There is no instability. Positive McMurray's test is noted medially, especially on the right side. The treatment plan includes crutches, polar care and ELS brace, Nalfon, Tramadol, Norco, Effexor slow release, and Trazodone, Transcutaneous Electrical Nerve Stimulation unit and 12 postoperative therapy visits. Treatment requested is for retrospective heat cold water circulating pad for the left knee post-operatively for date of service 03/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Heat Cold water circulating pad for the left knee post-operatively for date of service 03/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Knee: Cold/Heat packs.

Decision rationale: MTUS ACOEM Guidelines recommend ice for acute knee injuries. This request was requested for post-operative. While cold packs/ice may be recommended for pain and swelling after surgery, there is no rationale as to why patient requires a heat-cold circulating pad. Progress notes specifically states that patient has access to ice and hot water at home. Patient was also approved for 7 days of continuous cryotherapy device to help decrease pain and swelling. It is unclear why patient requires another device for cold therapy when a cryotherapy device was already approved. Therefore, this request for heat cold water circulating pad is not medically necessary.