

Case Number:	CM15-0098498		
Date Assigned:	05/29/2015	Date of Injury:	05/28/2014
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of May 20, 2014. In a Utilization Review report dated May 12, 2015, the claims administrator partially approved a request for a cold therapy unit purchase as a one-week rental of the same. An April 30, 2015 progress note was referenced in the determination. The request was framed as a postoperative request. The applicant's attorney subsequently appealed. On May 22, 2015, the applicant was placed off work, on total temporary disability, for an additional month. The applicant was described as two days status post an earlier knee arthroscopy procedure. The applicant carried diagnoses of meniscal derangement and knee osteoarthritis, it was reported. The applicant was asked to follow up in a week for suture removal; it was suggested and continues using a knee brace in the interim. In a RFA form dated April 30, 2015, a cold therapy unit [purchase] was apparently sought in conjunction with a knee arthroscopy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for 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), Knee & Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Continuous-flow cryotherapy and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed Knee Disorders, pg 6462. Recommendation: Cryotherapy for Treatment of Knee Arthroplasty or Other Surgery Patients Cryotherapy is recommended for select treatment of knee arthroplasty or other surgery patients. Frequency/Duration ½ Pain relief with cold therapy for the first several post-operative days with duration commensurate with extent of surgery. Some devices may be helpful for select patients, particularly if they are unable or unwilling to tolerate other measures to manage pain. Indications for Discontinuation ½ Non-tolerance, adverse effects. Strength of Evidence Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a cold therapy unit [purchase] for the knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Knee Chapter Continuous Flow Cryotherapy topic does acknowledge that continuous flow cryotherapy is recommended as an option postoperatively, ODG qualifies its position by nothing that usage should be limited to seven days of postoperative use. Here, the request for a cold therapy unit [purchase], thus, ran counter to ODG's principles and parameters. The Third Edition ACOEM Guidelines likewise note that the duration of cryotherapy following knee surgery should be commensurate with the extent of surgery. Here, the applicant underwent a comparatively minor knee arthroscopy procedure. It did not appear that purchasing the cryotherapy device at issue was, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.