

Case Number:	CM14-0068243		
Date Assigned:	07/14/2014	Date of Injury:	01/21/2014
Decision Date:	11/10/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 43 year old male, who sustained an industrial injury on 1-21-2014. The injured worker is undergoing treatment for: right knee pain. On 1-23-14, he was seen in the emergency room. He reported twisting his knee. He rated his right knee pain as 5 out of 10. On 2-10-14, he reported right knee pain. Physical examination revealed right knee effusion, left knee has no swelling. The right knee is noted to be "found stable", negative Lachman and negative posterior sag, stable to varus and valgus stress, and "well maintained range of motion". Tenderness is noted to the medial joint line and there is a positive medial McMurray's test. On 4-7-14, he reported right knee pain. He denied the right knee as locking or giving way or radicular symptoms. Physical examination revealed warmth to the right knee, no ligamentous laxity, negative lachman's, negative posterior sag, stable, full range of motion, and is positive for tenderness to the medial joint line. The treatment and diagnostic testing to date has included: x-ray of the right knee (1-23-14), knee brace, crutches, right knee arthroscopy (4-9-14), magnetic resonance imaging of the right knee (2-26-14). Medications have included: Prilosec and ibuprofen. Current work status: off work. The request for authorization is for: [REDACTED] thermocomp cold-contrast compression device 28 day rental with stabilization orthotic and compression pads for the right knee. The UR dated 4-29-2014: non-certified the request for: [REDACTED] thermocomp cold-contrast compression device 28 day rental with stabilization orthotic and compression pads for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ThermoComp cold-contrast compression device 28 day rental (4/9-5/2/14) with stabilization orthotic compression pads - 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), Treatment Index, 11th Edition (web), 2013, Knee and 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, Shoulder, Continuous Flow Cryotherapy.

Decision rationale: The requested ThermoComp cold-contrast compression device 28 day rental (4/9-5/2/14) with stabilization orthotic compression pads - right knee, is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Knee, Shoulder, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has right knee pain as 5 out of 10. On 2-10-14, he reported right knee pain. Physical examination revealed right knee effusion, left knee has no swelling. The right knee is noted to be "found stable", negative Lachman and negative posterior sag, stable to varus and valgus stress, and "well maintained range of motion". Tenderness is noted to the medial joint line and there is a positive medial McMurray's test. On 4-7-14, he reported right knee pain. He denied the right knee as locking or giving way or radicular symptoms. Physical examination revealed warmth to the right knee, no ligamentous laxity, negative lachman's, negative posterior sag, stable, full range of motion, and is positive for tenderness to the medial joint line. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, ThermoComp cold-contrast compression device 28 day rental (4/9-5/2/14) with stabilization orthotic compression pads - right knee is not medically necessary.