MAXIMUS Federal Services

Case Number:	CM13-0011745		
Date Assigned:	09/25/2013	Date of Injury:	12/02/2012
Decision Date:	01/03/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in shoulder and elbow surgery and is licensed to practice in California. 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 physician 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/services.

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 patient is a 23-year-old who reported injury on 12/02/2012 with the mechanism of injury being the patient was pulling a walk-in freezer door open and put weight on his leg. The patient was noted to have a right knee partial lateral meniscectomy, chondroplasty, synovectomy, resections of hypertrophic synovial plica, and modified retinacular release on 06/28/2013. The patient's diagnoses were stated to be right chondromalacia and meniscal tear of the knee and right synovitis of the knee. The request was made for 1 cold pad, McGuire, loop, NS, RH and 1 patient set-up education and fitting fee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cold pad, mcquire, loop, NS, RH: 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 Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, which is notpart of the MTUS..

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days including home use. While indicating that the patient had a surgical procedure to the knee on 06/28/2013, clinical documentation submitted for review failed to provide the necessity for purchase of a DonJoy Iceman Clear Cube cold pad, McGuire, loop, NS, RH. The request for one cold pad, mcquire, loop, NS, RH is not medically necessary and appropriate.

patient set-up education/fitting fee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.