

Case Number:	CM13-0025073		
Date Assigned:	11/20/2013	Date of Injury:	07/14/2010
Decision Date:	01/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & Rehabilitation 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old gentleman who was injured in a work related activities on 07/14/2010. Records in this case indicate a right knee injury for which the claimant is with current diagnoses of advanced degenerative arthritis. A 04/01/2013 progress report with [REDACTED] stated the claimant was with history of 3 prior right knee procedures and recent course of failed conservative care including viscosupplementation injections and continued mechanical symptoms. Surgery was ultimately recommended and a 08/09/2013 authorization request form was made for apparent total knee arthroplasty. Clinical records do not indicate an operative report or further physical examination findings with [REDACTED]. At present, there is a request for a DonJoy Iceman Clear Cube for the claimant's right knee for "purchase."

IMR ISSUES, DECISIONS AND RATIONALES

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

Donjoy Iceman Clearcube, 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

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

Decision rationale: The Physician Reviewer's decision rationale: MTUS Guidelines are silent. When looking at ODG criteria, the role of an Iceman Clear Cube for purchase would not be supported. Official Disability Guidelines, while recommending the role of cryotherapy devices for up to 7 days including home use, do not support their purchase or use beyond 7 days in the surgical setting. Furthermore, recent clinical literature does not support the role of cryotherapy devices in the post joint replacement setting. Given the claimant's history of advanced degenerative arthrosis and surgical request, the need of a DonJoy Iceman Clear Cube for postoperative use following knee replacement procedure would not be indicated for purchase at this time.