

Case Number:	CM13-0029494		
Date Assigned:	11/01/2013	Date of Injury:	04/26/2012
Decision Date:	01/08/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/26/2013

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 Preventative Medicine and Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of April 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; apparent diagnosis with internal derangement of the knee, including a lateral meniscal tear; a knee corticosteroid injection; and apparent return to regular duty work. In a utilization review report of September 5, 2013, the claims administrator certified a request for a knee arthroscopy with partial lateral meniscectomy, and 12 sessions of postoperative physical therapy. A request for continuous cooling/cold therapy unit was partially certified for one week. The applicant apparently appealed the denial/partial certification on September 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental for 11 weeks: 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 Chapter.

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, Continuous-flow cryotherapy..

Decision rationale: The MTUS does not address the topic of continuous flow cryotherapy postoperatively. As noted in the ODG knee chapter continuous flow cryotherapy topic, continuous cooling devices are recommended as an option for up to seven days following surgery, but are generally not recommended beyond that point in time. In this case, I would concur with the one-week partial certification issue by the claims administrator. I would not support the cold therapy unit rental for the 11-week course purposed by the attending provider. Therefore, the original utilization review decision is upheld. The request remains non certified.