MAXIMUS Federal Services

Case Number:	CM13-0030530		
Date Assigned:	11/27/2013	Date of Injury:	07/24/2000
Decision Date:	01/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 59-year-old male with a reported date of injury on 07/24/2000. The patient presented with bilateral knee pain and with status post bilateral viscosupplementation therapy. He was experiencing increasing pain. The patient had a diagnosis of degenerative joint disease, bilateral knees. The physician's treatment plan included a request for a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & leg, Continuous-flow cryotherapy.

Decision rationale: The guidelines do not specifically address cryotherapy. ACOEM guidelines state that a patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The Official Disability Guidelines note continuous flow cryotherapy is recommended as an option after surgery, but not

for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. In the post-operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (for example: muscle strains and contusions) has not been fully evaluated. Within the provided documentation, it was noted that the patient had bilateral knee pain. The patient has undergone viscosupplementation therapy and was administered an injection of Xylocaine and Celestone. The provider noted the cold unit was suggested to maximize the patient's comfort. Within the provided documentation, it did not appear the patient has undergone surgical intervention. Additionally, the guidelines recommend the use of continuous flow cryotherapy for post-operative use generally up to 7 days, including home use. Therefore, the request for the cold therapy unit is neither medically necessary nor appropriate.