

Case Number:	CM13-0031073		
Date Assigned:	12/04/2013	Date of Injury:	10/20/2011
Decision Date:	01/22/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 and 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 38 year old male had an injury on 10/20/11 to the knee. The patient is s/p right knee arthroscopy and meniscectomy and removal of foreign body on 6/27/13. patient received physical therapy (PT) and cold therapy post op. On 8/27/13 patient stated that he is improving since the surgery and his knee pain is less and he has more flexibility. An exam showed slight weakness and 10 degree less in full flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (cold therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines. 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 and Leg updated 1/9/14, Continuous Flow Therapy.

Decision rationale: The patient is now 6 months post knee arthroscopy. Cold therapy is only recommended for 7 days post op. There was no clinical documentation for a compelling reason for the use of cold therapy at this time.

