

Case Number:	CM13-0034623		
Date Assigned:	03/19/2014	Date of Injury:	05/28/2008
Decision Date:	05/12/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 57 year-old male who reported an injury on 05/28/2008; the mechanism of injury was a fall. The injured worker reported chronic pain to the right knee. The injured worker had previous surgeries which included right knee reconstruction and left knee arthroscopy; the dates of which were not provided. The injured worker had a diagnosis of unspecified internal derangement of knee. The clinical note dated 08/07/2013 noted the injured worker had a large linear scar to the anterior aspect of the right knee and he was wearing a right knee brace. The strength in the lower extremities was 4/5 at the left quadriceps, 5/5 throughout the rest of the lower extremities. There was diminished sensation to light touch in the lateral and anterior left thigh and distal lateral left lower extremity compared to the right, deep tendon reflexes including the patellar and achilles are 2+ bilaterally and no extremity edema. The current request was for a cold therapy unit E0218 E1399- rental 10-14 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT E0218 E1399 - RENTAL 10 TO 14 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015- 1017.

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

Decision rationale: The Official Disability Guidelines (ODG) indicate continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. The guidelines recommend cryotherapy usage postoperatively generally for up to 7 days, including home use. The information provided for review did not include recent records to indicate that a knee surgery has been planned or performed. The requesting physicians rationale for the request was unclear. Additionally, the request for 10-14 days would exceed the guideline recommendations as the guidelines only support for 7 days postoperative. Therefore, the request for the cold therapy unit E0218 E1399- rental 10-14 days is not medically necessary.