MAXIMUS Federal Services

Case Number:	CM13-0040931		
Date Assigned:	12/27/2013	Date of Injury:	01/23/2007
Decision Date:	03/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Pain 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 patient is a 52-year-old male who was injured on January 23, 2007. He fell onto his twisted right foot and knee full weight bearing and had immediate right knee pain. The patient has been back at work since the beginning of April 2013. Prior treatment history has included physical therapy, medications, home exercise programs and Synvisc injections. Surgeries have included a meniscectomy and chondroplasty on 12/11/ 2007, redo and lateral release on 06/08/2010 and an attempted OATS procedure on 03/28/2011. Right knee MRI dated December 14, 2012 reported post surgical changes in infra patellar fat pad, 3 mm partial thickness cartilage defect posterior aspect lateral femoral condyle, small ganglion cyst posterior medial aspect anterior cruciate ligament. X-rays of the right knee dated October 8, 2013 reported mild degenerative changes with minimal narrowing of the medial compartment joint space. On September 6, 2013 his treating physician requested authorization for a cold therapy unit. The patient reported that his old cold therapy unit has a malfunctioning wire. On examination the patient complained of pain in his right knee secondary to the injury. Pain occurs at 100Â° of flexion which limits further movement. The patient's gait is mildly antalgic and he is using a cane and brace on the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

replacement cold therapy unit: 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 & Leg Chapter.

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

Decision rationale: According to the ODG, a cold therapy unit is an option after surgery but not for nonsurgical treatment. According to the medical records provided the patient's last surgical date was in 2011. Based on this information, there is no indication for a replacement cold therapy unit. This request is therefore non-certified.