

Case Number:	CM13-0043741		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2007
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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, and is licensed to practice in New York. 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 62-year-old male who reported an injury on 06/14/2007. The mechanism of injury was not provided. The patient was noted to be authorized for a right knee arthroscopy with partial meniscectomy versus repair. The patient's diagnosis was noted to be a tear of the medial meniscus and the request was made for the purchase of a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, Knee & Leg Chapter, continuous-flow cryotherapy section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Knee & Leg Chapter, section on Continuous Flow Cryotherapy..

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days including home use. The patient was reported to be approved for a partial meniscectomy, however, there was a lack of documentation including the rationale for a purchase of a cold therapy unit versus rental. Given the above, the request for purchase of a cold therapy unit is not medically necessary.