

Case Number:	CM13-0044548		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2010
Decision Date:	05/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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:

This 59 year-old female sustained an injury on January 21, 2014 while employed by [REDACTED]. Request under consideration include cold therapy unit purchase. Report of May 1, 2013 from the provider noted patient with complaints of bilateral knee pain with weight-bearing activities rated at 7/10. Exam noted bilateral medial and lateral joint line tenderness; anteromedial pain with squatting; left knee range 0-130 degrees; slight synovial thickening; patellofemoral crepitus with rang; negative McMurray's on left. The patient has history of diabetes, hypertension and hypercholesterolemia. Report of September 5, 2013 from the provider noted the patient with pain in both knees. No exam was done of the left knee. Treatment plan included arthroscopic evaluation and partial meniscectomy starting on the worst knee, left. Current diagnoses include medial cartilage or meniscus tear of knee with chondromalacia with treatment request for left knee arthroscopy, partial medial meniscectomy, chondroplasty. The request for the Cold Therapy Purchase was non-certified on October 21, 2013, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 292. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS Guidelines are silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for seven day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated medical necessity outside guidelines criteria for the purchase of the unit. The request for a cold therapy unit purchase is not medically necessary or appropriate.