

Case Number:	CM13-0045591		
Date Assigned:	12/27/2013	Date of Injury:	03/30/1997
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 63-year-old male who reported an injury on 03/30/1997. The mechanism of injury was not provided. The patient was noted to undergo a partial medial and lateral meniscectomy with an extensive chondroplasty of the patella and an abrasional arthroplasty of the medial tibial plateau lesion and a microfracture of the medial tibial plateau lesion on 10/18/2013. The patient's diagnoses were noted to be a tear of the medial meniscus, free edge tear of the lateral meniscus, stage 4 discrete lesion of the medial tibial plateau, and stage 2 to 3 chondromalacia of the patellofemoral articulation. The request was made for a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary last updated 06/07/2013.

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

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days postoperatively including home use. The patient was noted to undergo a partial medial and lateral meniscectomy with an extensive chondroplasty of the patella and an abrasional arthroplasty of the medial tibial plateau lesion and a microfracture of the medial tibial plateau lesion on 10/18/2013. The request as submitted failed to indicate the duration of care for the cold therapy unit. Additionally, it failed to indicate whether the unit was for purchase or for rental. Given the above, and the lack of documentation, the request for Cold Therapy Unit is not medically necessary.