

Case Number:	CM13-0047103		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2012
Decision Date:	03/31/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine has a subspecialty in Pulmonary 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 61-year-old male who reported an injury on 03/02/2012. The mechanism of injury was noted to be a trip and fall. The diagnoses were noted to include a right knee sprain and contusion, a medial meniscus tear, and right knee degenerative changes consistent with osteoarthritis. The request was made for a cold therapy unit for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Continuous Flow Cryotherapy.

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: Official Disability Guidelines indicate continuous-flow cryotherapy is appropriate for 7 days in the postoperative setting. The request as submitted was for an undetermined amount of time. The surgical procedure was deemed medically necessary. Additionally, the physician indicated in his note of 09/24/2013, that the patient could as easily

use ice packs. Given the lack of documentation for the duration of care for the cold therapy unit, and the physician's indication that the patient could use cold packs, the request for the cold therapy unit is not medically necessary.