

Case Number:	CM13-0047330		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2012
Decision Date:	08/14/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopedic Surgery 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:

The claimant is a 35-year-old gentleman injured in a March 21, 2012, work- related accident. The records available for review document an August 9, 2013, left knee arthroscopy, debridement of plica and lateral retinacular release. A follow-up report dated October 2, 2013, states that the claimant is being treated conservatively with physical therapy, icing, elevation of the knee and positional changes. The records contain no documentation of further postoperative treatment, imaging studies or physical examination findings. This request is for the post-operative use of a Therma-Care pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACARE PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: Based on California MTUS ACOEM Guidelines, the use of a Therma-Care pad would not be indicated. ACOEM Guidelines recommend the local application of heat and cold therapy in the immediate, post-operative period. The benefit of heat or cold therapy at time

of this request in the postoperative course of care would not be supported as an eight-week time has elapsed between the surgery and request dates. Therefore, the request for the Therma-Care pad is not medically necessary.