

Case Number:	CM13-0047687		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2012
Decision Date:	03/11/2014	UR Denial Date:	10/30/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 52 year-old female with a 5/29/12 industrial injury claim. She was diagnosed with bilateral CTS, confirmed with EMG; bilateral wrist tendinitis, and bilateral elbow medial epicondylitis. She had right CTR surgery on 1/21/13 and right knee arthroscopy on 6/27/13. The 10/30/13 UR letter from [REDACTED] recommended non-certification for a [REDACTED] Ice therapy rental, because the physician did not specify the duration of the rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Ice Therapy, rental for 35 days, QTY1: 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), Forearm, wrist, and hand chapter, Section on Cold Packs

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

Decision rationale: The patient was reported to have right knee arthroscopic surgery on 6/27/13. VascuTherm is a compressive cold therapy device. MTUS/ACOEM does not discuss this device,

so ODG guidelines were consulted. ODG refers readers to the continuous-flow cryotherapy section which indicates that this type of therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. ODG guidelines do not recommend use over 7-days post-op. The request for 35-day rental will exceed ODG guidelines.