

Case Number:	CM13-0050149		
Date Assigned:	12/27/2013	Date of Injury:	12/03/2012
Decision Date:	02/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/11/2013

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 51 year-old female with a 12/3/12 industrial injury claim. She has been diagnosed with internal derangement of the left knee. The IMR application shows a dispute with the 10/29/13 UR decision. The 10/29/13 UR decision is by [REDACTED] and was based on the 10/4/13 medical report, and denies the hot/cold unit with wrap x4 months. Unfortunately, the 10/4/13 medical report was not provided for this IMR, so the rationale from the requesting physician for the unit is unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/Cold Unit with Wrap; 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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.

Decision rationale: The 11/20/13 orthopedic report from [REDACTED] states the patient has 6-7/10 left knee ache, the diagnosis is left knee strain/sprain. There is no mention of recent left knee surgery. ODG guidelines specifically states knee cryotherapy units are not recommended

for non-surgical treatment. The request for the hot/cold unit is not in accordance with ODG guidelines.