

Case Number:	CM13-0053498		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2013
Decision Date:	05/19/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 54-year-old gentleman who was injured in a work related event 05/23/13 with complaints of left knee pain. Records indicate a course of conservative care that had failed for which surgical intervention in the form of a knee arthroscopy to the left knee is being recommended. There is one specific request in regards to the use of a postoperative cryotherapy unit in regards to the claimant's knee surgery. The clinical request is for purchase of the above device for a nonspecific period of time in the postoperative setting. Further clinical records are not applicable to the specific postoperative request in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE COLD 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), TWC Knee and Leg Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure.

Decision rationale: California MTUS ACOEM Guidelines states, "Local application of cold during first few days of acute complaint; thereafter, heat application is appropriate. Patients at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." The same benefit can be achieved with use of ice packs versus a cryotherapy machine. The specific request of use of a cryotherapy unit in a claimant's postoperative period would not be supported as medically necessary.