

Case Number:	CM13-0055130		
Date Assigned:	12/30/2013	Date of Injury:	02/05/2012
Decision Date:	03/26/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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 48-year-old male who sustained a left knee injury on 2/5/12 by way of a twisting motion. The patient's treatment history included multiple surgical interventions, extensive physical therapy, medication management, and injection therapy. The patient's most recent evaluation documented that the patient had significantly limited range of motion and evidence of instability. Ultimately, a request was made for a total knee replacement. Postsurgical management was also requested to include a continuous flow cryotherapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative cold therapy unit for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines recommend this type of therapy for up to 7 days in the postsurgical management of a patient's pain. The clinical documentation submitted for review does not provide any evidence that the patient has been authorized for surgical

intervention. Additionally, the request as it is written does not clearly indicate whether the durable medical equipment requested is for purchase or rental. There is no treatment duration specifically identified within the request. Therefore, the medical necessity of this request cannot be determined. As such, the requested postoperative cold therapy unit for the left knee is not medically necessary or appropriate.