

Case Number:	CM13-0056551		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2008
Decision Date:	08/19/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 6/17/08. A utilization review determination dated 11/14/13 recommends non-certification of cold therapy unit for purchase. A 11/6/13 medical report identifies that the patient is almost 2 years status post left knee arthroscopy with trochlear groove Carticel implantation and medial femoral condyle Carticel implantation. He has significant tricompartmental osteoarthritis with associated chondromalacia and synovitis. He continues to experience significant swelling in his knee because of his severe osteoarthritis and the provider recommended purchase of a cold therapy ice machine to reduce the swelling and his pain level, thereby reducing his use of pain and anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD THERAPY UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008 Revision), PAGES 1015 - 1017.

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, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for cold therapy unit for purchase, the California MTUS does not address the issue. The ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery, but nonsurgical use is not supported. Within the documentation available for review, there is no indication of a recent or pending surgical procedure. Furthermore, the device is not supported for more than 7 days and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested cold therapy unit for purchase is not medically necessary.