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| Case Number: | CM13-0060785 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/07/2012 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 11/04/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Family Practice, 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 patient is a 62-year-old female who reported injury on 11/07/2012. The mechanism of injury was noted to be the patient was hit by a car. The documentation dated 09/04/2013 revealed the physician was requesting surgery for the patient for the knee. There was a request for a left knee arthroscopy and partial meniscectomy and chondroplasty. There was a request for a [REDACTED] cold therapy recovery system with wrap post surgically.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME-[REDACTED] COLD THERAPY RECOVERY SYSTEM WITH WRAP POST SURGERY HOME USE 21 DAYS 6-8 HOURS OR AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE CLAIMS ADMINISTRATOR BASED ITS DECISION ON THE OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, CONTINUOUS FLOW CRYOTHERAPY, VARIOUS CRYOTHERAPY REFERENCES FROM BLUECROSS BLUESHIELD,2005; HUBBARD,2004; MORSI,2002; BARBER 2000; RAYNOR,2005; AND AETNA,20

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE & LEG CHAPTER, CONTINUOUS FLOW CRYOTHERAPY.

Decision rationale: Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days postoperatively. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations for, the continuous flow cryotherapy for more than 7 days. Given the above, the request for DME-█████ cold therapy recovery system with wrap post surgery home use 21 days 6 to 8 hours or as needed is not medically necessary.