

Case Number:	CM13-0067336		
Date Assigned:	01/03/2014	Date of Injury:	05/22/2013
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 05/22/2013 after a twisting injury while running. The patient reportedly injured his right knee. The patient underwent an MRI that documented there was a complex tear of the medial meniscus and a grade 2 sprain of the MCL. The patient underwent left knee arthroscopy with partial medial and lateral meniscectomies and chondroplasty on 12/04/2013. A request was made for the rental of a Cold Therapy Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy

Decision rationale: The requested Cold Therapy Unit for rental is not medically necessary or appropriate. Official Disability Guidelines do recommend the use of continuous flow with cryotherapy unit for up to 7 days in the postsurgical management of a patient's treatment plan.

Therefore, a 7 day rental would be appropriate for this patient. However, the request as it is submitted does not specifically identify a duration of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Cold Therapy Unit for rental is not medically necessary or appropriate.

PAD FOR COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy

Decision rationale: As the requested Cold Therapy Unit is not medically necessary or appropriate, the requested pad for Cold Therapy Unit is also not supported. As such, the requested pad for Cold Therapy Unit is not medically necessary or appropriate.