

Case Number:	CM13-0070357		
Date Assigned:	06/11/2014	Date of Injury:	09/19/2012
Decision Date:	07/28/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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:

This is a 63-year-old female who injured the left knee on 09/19/12. The medical records provided for review include the 10/22/13 progress report noting continued complaints of pain in the medial and lateral joint line and lack of both flexion and extension. Reviewed was a prior MRI demonstrating medial meniscal tearing with underlying cartilage loss. A left knee arthroscopy was recommended based on the claimant's failed conservative care. In relationship to the surgical process requested, there is currently a request for rental of a cold unit for postoperative use. The timeframe for the device was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD UNIT RENTAL: 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).

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

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a cold unit rental cannot be recommended as medically necessary. The ACOEM Guidelines recommend the application of cold to treat acute pain. The Official Disability Guidelines recommend the use of a cryotherapy for up to seven days post-surgery including home use. The clinical records failed to give a timeframe for use of the above device. Without documentation of a specific time frame for the above device, this postsurgical request would not be indicated.