

Case Number:	CM14-0003520		
Date Assigned:	01/31/2014	Date of Injury:	10/21/2010
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/08/2014

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:

The claimant is a 59 -year-old male who was injured on October 21, 2010. An operative report from November 27, 2013 documents that there was a torn meniscus on the left and that the claimant underwent arthroscopic subtotal medial meniscectomy, chondroplasty, shrinkage and radiofrequency for partial tearing of the anterior cruciate ligament, partial lateral meniscectomy, and synovectomy. The review in question was rendered on December 11, 2013. The reviewer indicates that the claimant was scheduled for left knee arthroscopy to be performed at the end of November 2013. The reviewer modified the request from a six-week rental to a rental for 7 days following the operative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACOOLING SYSTEM W/WATER CIRCULATING WRAP E1399 E0249-RENTAL FOR 6 WEEKS POST OP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, KNEE COMPLAINTS, 2ND EDITION, 2008, 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; Continuous Flow Cryotherapy

Decision rationale: This topic is not addressed by the ACOEM or MTUS Chronic Pain Guidelines. The ODG recommends rental of these devices for up to 7 days postoperatively. The request for a six-week rental is not in accordance with the ODG Guidelines. The request is therefore not medically necessary and appropriate.