

Case Number:	CM14-0005895		
Date Assigned:	02/05/2014	Date of Injury:	07/24/2012
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Maryland. 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 injured worker is a 56 year old male whose date of injury is 07/24/2012. On this date he jumped to another panel and struck his left knee on a screw. The injured worker is status post left knee arthroscopy with partial lateral and medial meniscectomy and chondroplasty patella on 11/21/13. Progress note dated 11/27/13 indicates that left knee pain is rated as 8-9/10. Cold pneumatic compression therapy unit rental, disposable pad for cold therapy unit, knee wrap was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLD PNEUMATIC COMPRESSION THERAPY 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, Knee & Leg (Acute & Chronic), Continuous -Flow Cryotherapy.

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

Decision rationale: Based on the clinical information provided, the request for cold pneumatic compression therapy unit rental is not recommended as medically necessary. The injured worker

underwent left knee arthroscopy on 11/21/13. The Official Disability Guidelines would support the utilization of cryotherapy in the immediate postoperative setting for up to 7 days. There is no clear rationale provided to support the requested unit at this point in the patient's care. There is no comprehensive assessment of postoperative treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review.

KNEE WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Continuous -Flow Cryotherapy.

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

Decision rationale: Based on the clinical information provided, the request for knee wrap is not recommended as medically necessary. Given that the concurrent request for cold pneumatic compression therapy unit rental is not medically necessary, the requested knee wrap is not medically necessary at this time.

DISPOSABLE PAD FOR COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Continuous -Flow Cryotherapy.

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

Decision rationale: Based on the clinical information provided, the request for disposable pad for cold therapy unit is not recommended as medically necessary. Given that the concurrent request for cold pneumatic compression therapy unit rental is not medically necessary, the requested disposable pad is not medically necessary at this time.