

Case Number:	CM14-0007216		
Date Assigned:	02/07/2014	Date of Injury:	07/29/2013
Decision Date:	07/17/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/20/2014

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 Occupational Medicine 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 61 year old female with an industrial injury date of July 29, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right knee pain. She was ambulatory without assistance. On physical examination, gait was normal. Right knee examination revealed neutral alignment and normal flexibility. Mild swelling was noted. Effusion, ecchymosis, and atrophy were absent. There was tenderness of the medial joint line. Patella and laxity tests were unremarkable. McMurray's test was positive. Motor strength was normal and range of motion was within normal limits. Portals were well healed. Treatment to date has included medications, physical therapy, and right knee arthroscopy (January 14, 2014). A utilization review from January 15, 2014 modified the request for thermacooling system 3x daily x 6 weeks to x 7 days. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACOOLING SYSTEM 3X DAILY X6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

Decision rationale: Aetna considers the use of hot/ice machines and similar devices such as Thermoelectric Cooling System, experimental and investigational for reducing pain and swelling after surgery or injury. Studies failed to show that these devices offer any benefit over standard cryotherapy with ice bags/packs. In this case, there was no discussion regarding the indication for a thermacooling system despite it being experimental and investigational. A clear rationale was not provided for the use of the requested device. Therefore, the request is not medically necessary.