

Case Number:	CM14-0101145		
Date Assigned:	07/30/2014	Date of Injury:	04/28/2006
Decision Date:	10/31/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 33 year old male whose date of injury is 04/28/2006 when he hurt his right knee while running in a training class. He is status post right knee arthroscopy on 03/13/12. Other treatment has included cortisone injections, viscosupplementation, bracing, and medications. Per notice of utilization review findings dated 06/25/14, a request for right total knee arthroplasty was approved. A request for post-op cold therapy unit was included, but no duration of use was specified. A modified approval of 7 days usage of cold therapy unit was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Advisability Guideline (ODG)

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: ODG guidelines support postoperative use of continuous flow cryotherapy for up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy

units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker was certified to undergo right total knee replacement surgery, and the request for Cold Therapy Unit- 7.00 Days usage is recommended as medically necessary.