

Case Number:	CM14-0101864		
Date Assigned:	07/30/2014	Date of Injury:	09/16/2012
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 09/16/2012. The current request is for a cold therapy device to the right knee. On 04/30/2014, the primary treating physician submitted a request for authorization for orthopedic surgery. The treating physician noted that the patient had pain, recurrent swelling, and catching of the right knee with pain predominantly in the medial and lateral joint lines. The treatment request included approval for a right knee arthroscopy with possible microfracture arthroplasty, chondroplasty, and partial meniscectomy. The cold therapy device and crutches were requested for the immediate perioperative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: It is difficult to apply a specific guideline in this case because the request for a cold therapy device is not specific in terms of the type of device in question or whether this is a request for a rental or for purchase. If the request is for a rental of the device, the duration of the

proposed rental is unknown. The ACOEM Guidelines, Chapter 3, page 48, discuss the use of heat or cold for temporary amelioration of symptoms in the acute to subacute phases for a period of 2 weeks or less; this would appear to apply to low-tech cold therapy equipment. The type of cold therapy device currently being requested is unknown. For example, it is not known whether this is a request for cold packs or for a polar ice machine or for a continuous cryotherapy machine, but in any event it is unclear how long the treatment would be requested. Therefore, there is insufficient information at this time upon which to apply a guideline. Therefore, this request is not medically necessary.