

Case Number:	CM14-0019993		
Date Assigned:	04/25/2014	Date of Injury:	04/09/2012
Decision Date:	07/07/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 54 year old female with a reported date of injury on 04/09/2012. The mechanism of injury was reported as a fall. The claimant complained of persistent lumbar spine pain and intermittent knee pain, rated 7/10. The clinical note dated 10/14/2013 reported the claimant complained of the left knee giving way and severe right knee pain. The claimant's left knee range of motion revealed flexion to 125/140 and right knee flexion to 125/140. The claimant's diagnoses included neuralgia, neuritis, cervical disc protrusion, cervical sprain/strain, lower extremity neuritis, lumbar disc protrusion, lumbar radiculopathy, lumbar sprain/strain, lumbar stenosis, left knee internal derangement, left knee meniscus tear, left knee sprain/strain, right knee internal derangement, right knee lateral meniscus tear, right knee medial meniscus tear, right knee sprain/strain, loss of sleep and sleep disturbance. The claimant's medication regimen includes tramadol, Flexeril, and Pantoprazole. The request for authorization for a 2 week rental of a cold therapy unit was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 WEEK RENTAL OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines (ODG) recommends continuous-flow cryotherapy as an option after surgery. Cryotherapy is not recommended for nonsurgical treatment. In postoperative use, cryotherapy generally may be utilized for up to 7 days, including home use. The request did not specify which region of the body the cryotherapy unit was requested for. There was a lack of documentation regarding functional deficits and the goal of cryotherapy use. The request for a 2 week rental would exceed the guideline recommendation of 7 days of use postoperatively. In addition, medical records did not indicate if the patient recently underwent surgical intervention or was scheduled to undergo surgical intervention in the near future. Therefore, the request for a 2 week rental of a cold therapy unit is not medically necessary and appropriate.