

Case Number:	CM14-0115253		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2013
Decision Date:	08/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 claimant is a 59-year-old gentleman who injured his right knee in a work related accident on 04/24/13. The Utilization Review determination dated 07/11/14 certified the surgery for right knee diagnostic and operative arthroscopy. There is a specific request for 14 day use of a cryotherapy device in the postoperative setting. There is no further clinical information of relevance to the specific perioperative request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacooler system 2 week 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 Chapter, continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines two week rental of a cryotherapy device would not be indicated. The

ACOEM Guidelines recommend cold applications for pain control. According to the Official Disability Guidelines, cryotherapy can be utilized for up to seven days, including home use, in the postoperative setting. The request for two weeks or 14 day rental would exceed guideline criteria and cannot be recommended as medically necessary.