

Case Number:	CM14-0121381		
Date Assigned:	08/06/2014	Date of Injury:	12/27/2012
Decision Date:	09/25/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/01/2014

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 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 patient is a 54 year old man with a left medial and lateral mensical tear after a work-related in jury on 12/27/2012. On 4/26/2013, he underwent arthroscopic surgery to the left knee. He did not improve after surgery. On 7/3/2014, he underwent a second arthroscopy of the left knee. Physical exam demonstrated 2+ reflexes, positive left McMurray's and stable varus, valgus, Lachman's and posterior drawer test. Diagnoses: 1. Left medial meniscal tear s/p arthroscopy x22. Left mild tricompartmental osteoarthritis 3. Request for cold therapy unit rental and purchase were denied by Utilization Review (UR).

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cold therapy unit, 14 rental QTY #14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg updated 6/5/14.

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

Decision rationale: The request is for a cold therapy unit. There is no specification of type of unit is stated in the request. The progress notes indicate a request for Vascutherm compression/thermal device. Aetna guidelines only support the use of passive cold therapy. Cold therapy is indicated for treatment of swelling, edema and pain. The patient is post-surgical and would be expected to have pain, swelling and edema. Rental of a cold therapy unit is reasonable and medically necessary. The request is medically necessary and appropriate.

Postop DME: Cold Therapy unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg updated 6/5/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: . Aetna guidelines.

Decision rationale: The request is for a cold therapy unit. There is no specification of type of unit is stated in the request. The progress notes indicate a request for Vascutherm compression/thermal device. Aetna guidelines only support the use of passive cold therapy. Cold therapy is indicated for treatment of swelling, edema and pain. The patient is post-surgical and there is no documentation indicating that the patient has continued pain, swelling and edema past the post surgical period. Also, the request does not specify whether a passive or active device is being requested. If a passive unit were being requested, recommendation would be for authorization. If an active unit were requested, recommendation would be for denial. Because there was no specifics given to this reviewer, there is insufficient information to recommend for authorization. The request is not medically necessary and appropriate.