

Case Number:	CM14-0135194		
Date Assigned:	08/29/2014	Date of Injury:	05/22/2002
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/21/2014

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, has a subspecialty in Pain Medicine 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 51-year-old male with an original industrial injury on May 22nd 2002. The injured worker was previously employed as a forklift driver and received an injury to the left knee when he twisted to avoid a pallet. The patient had an ACL tear and underwent ACL repair. This was complicated by coccidioidomycosis infection of the left knee. The disputed request is a request for a cold therapy unit. A utilization review decision on August 8, 2014 had modified this request from a purchase to a 7 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy unit/CTU pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee Chapter, Cold Therapy Unit

Decision rationale: The California Medical Treatment and Utilization Schedule does not specifically address hot/cold therapy units. The Official Disability Guidelines Knee and Leg Chapter specifies the following regarding continuous-flow cryotherapy: "Recommended as an

option after surgery, but not for nonsurgical treatment. Postoperative use generally may be 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy (i.e, frostbite) are extremely rare but can be devastating. (Hubbard, 2004) (Osbaahr, 2002) (Singh, 2001)"In the case of this injured worker, there is documentation of continued fungal infection of the knee and left knee arthroscopy is planned and has been certified in utilization review. The appropriate timeline according to guidelines for postoperative use of a cold therapy unit is for 7 days rental, and not for purchase. The original determination of the utilization process is upheld.