

Case Number:	CM14-0139169		
Date Assigned:	09/19/2014	Date of Injury:	03/02/2010
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/28/2014

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 General 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:

This 48 year old female sustained injury to her left knee on 3/2/10. Arthroscopic surgery has been approved or modified along with pre op clearance labs and electrocardiogram (EKG), cardiac clearance, post op physical therapy, a front wheel walker, Lovenox, Norco, and TED stockings. A Cryo therapy unit was approved times 7 days. This review relates to the medical necessity for a cold therapy unit. There has not been information provided to this reviewer that would suggest the need for this patient to be treated as an outlier.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 6th Edition (web), 2008, Knee-Cold/heat, Continuous flow cryotherapy.

Decision rationale: Per ODG Guidelines, "continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment and generally may be for up to 7 days,

including home use, especially after knee surgery. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy." The medical reports available to this reviewer have positively established medical necessity for a Cryo unit post op knee surgery. Therefore, the request for same should be for a 7 day rental and purchase, as implied here, is denied.