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| Case Number: | CM14-0159779 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 03/08/2014 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Surgeon and is licensed to practice in Texas. 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 21-year-old male who reported injury on 03/08/2014. Mechanism of injury was due to an injury she sustained playing soccer. The injured worker has a diagnosis of torn anterior cruciate ligament, right knee, and torn medial meniscus. Medical treatment consists of surgery, the use of a cold therapy unit, physical therapy, the use of an ACL brace, and medication therapy. On 05/08/2014, the injured worker underwent arthroscopy of the right knee with anterior cruciate ligament reconstruction and open medial meniscal repair. On 08/04/2014, the injured worker returned for a 3 month follow-up. The injured worker stated to have some soreness, wearing her Dynasplint. Physical findings revealed that the wound had healed well. Range of motion was -5 degrees to 105 degrees. Medical treatment plan was for the injured worker to continue with postop physical therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for cold therapy unit (DOS 5/8/14): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Game Readyâ€¢ accelerated recovery system.

Decision rationale: The request for Retrospective request for cold therapy unit (DOS 5/8/14) was not medically necessary. The ODG recommend cryotherapy systems as an option after surgery, but not for nonsurgical treatment. The units are generally recommended for up to 7 days, including home use. The submitted documentation indicated that the injured worker underwent surgery on 05/08/2014. However, it did not indicate as to how long the injured worker used the cold therapy unit for. As the ODG recommend the use for up to 7 days, the purchase of the unit is not medically necessary.

Retrospective request for cold therapy wrap (DOS 5/8/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Retrospective request for cold therapy pad for right knee (DOS 5/8/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.