

Case Number:	CM14-0164163		
Date Assigned:	10/08/2014	Date of Injury:	04/29/2013
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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:

Patient has a date of injury of April 29, 2013. The patient has a diagnosis of thoracic and lumbar neuritis and radiculitis. Patient's pain has been unresponsive to conservative measures to include physical therapy and medications. The patient also has right-sided knee pain with weakness. MRI of the right knee revealed tear of the ACL and buckling of the PCL and meniscal tears. The surgery has been recommended. Patient has been diagnosed with knee tendinitis and strain of the lumbar region. At issue is whether cold therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Recovery System with wrap for 21 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee (updated 04/25/14) Continuous-flow cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: ODG guidelines do not recommend the use of cold therapy for more than 7 days. A 7 day period of cold therapy is recommended in the postop setting to reduce pain inflammation swelling. The current request is for 21 days which exceeds ODG recommended

guidelines. Criteria for excessive use of cold therapy not met. Therefore the request is not medically necessary.