

Case Number:	CM14-0167043		
Date Assigned:	10/14/2014	Date of Injury:	08/29/2011
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational 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 patient is a 44 year-old male with date of injury 08/29/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/01/2014, lists subjective complaints as pain and instability of the left knee. Objective findings: Examination of the left knee revealed positive anterior drawer and positive pivot shift. There was no effusion. Increased pain with the pivot shift. Tenderness was noted along the anterior medial aspect of the knee. Pulses were full and equal. Neurologically, the patient was intact. Hip range of motion was full and painless. The diagnosis is anterior cruciate ligament instability. An ACL tear was not seen by MRI.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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) Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The patient has been previously approved for removal of a cryotherapy unit for 7 days following surgery. Purchase of a cold therapy unit is not medically necessary.