

Case Number:	CM14-0022022		
Date Assigned:	05/09/2014	Date of Injury:	12/03/2009
Decision Date:	07/10/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery 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 59 year old male whose date of injury is 12/03/2009. The mechanism of injury is described as repetitive work duties. The injured worker underwent left total knee replacement on 06/07/13. Follow up note dated 11/05/13 indicates that the injured worker complains of right knee pain. The injured worker is recommended for right total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP RENTAL UP TO 35 DAYS FOR THE RIGHT KNEE POST-OPERATIVE FOR HOME USE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines support cryotherapy unit for up to seven days postoperatively, and there is no clear rationale provided to support exceeding this recommendation. The submitted records indicate the injured worker was recommended for right

total knee replacement; however, there is no operative report submitted for review. There is no postoperative assessment provided. Based on the clinical information provided, the request for Q-tech cold therapy recovery system with wrap rental up to 35 days for the right knee postoperative for home use is not recommended as medically necessary.