

Case Number:	CM14-0027237		
Date Assigned:	06/13/2014	Date of Injury:	01/13/2012
Decision Date:	07/24/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/04/2014

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 Neurological 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:

The injured worker is a 40-year-old gentleman who was reportedly injured on January 13, 2012. The mechanism of injury is noted as a slip and fall with a large object falling on the left leg. The most recent progress note dated December 16, 2013, indicates that there are ongoing complaints of left knee pain. The injured employee was following up for a Euflexxa injection and is status post a repeat partial medial meniscectomy, partial lateral meniscectomy, removal of the loose body, and chondroplasty of the left knee which was performed on June 27, 2013.. There was no physical examination performed on this date. A request had been made for Thermacure unit and was not certified in the pre-authorization process on February 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERMACURE 2 UNITS AND PAD FOR THE LEFT KNEE-21 DAY RENTAL: 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).

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), Cold/heat packs section.

Decision rationale: The injured employee's one-year status post left knee arthroscopy. The previous utilization review dated February 6, 2014, stated that the Thermacure unit was not medically necessary as it was not specified whether this is for heat, cold, or compression. The Thermacure unit is available with each of these treatments all of which are authorized for treatment of knee pain by the official disability guidelines. However the use of such equipment is not recommended for an extended 21 daytime. It is unclear why 21 days was requested. This additional information plus the specific type of unit requested should be specified. Therefore this request for a Thermacure unit is not medically necessary.