

Case Number:	CM14-0030255		
Date Assigned:	06/04/2014	Date of Injury:	04/14/2013
Decision Date:	08/11/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old female was reportedly injured on 4/14/2013. The mechanism of injury is noted as a fall. The most recent progress note, dated 1/22/2014. Physical examination demonstrated left knee pain. The progress note indicates that there are ongoing complaints of left knee: positive swelling, tenderness over the lateral joint line. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, medications, and conservative treatment. A request had been made for cold therapy unit for purchase, and was not certified in the pre-authorization process on 2/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008)), pgs. 1015-1017, and Official Disability Guidelines (ODG), Knee and Leg, 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), Shoulder (Acute & Chronic), Continuous Flow Cryotherapy.

Decision rationale: According to the Official Disability Guidelines (ODG), cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to seven days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. After reviewing the medical records provided, the patient is status post knee arthroscopy, this treatment modality this for the acute postop phase. Therefore, since patient has already had surgery the request for cold therapy unit for purchase is not medically necessary.