

Case Number:	CM14-0031860		
Date Assigned:	04/09/2014	Date of Injury:	03/30/2012
Decision Date:	05/08/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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, 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 49-year-old male who reported an injury on 03/30/2012. The mechanism of injury was not provided. Current diagnoses include low back pain, knee pain, and lumbar radiculitis. The injured worker was evaluated on 11/06/2013. The injured worker reported persistent left knee pain rated 8/10. Physical examination revealed limited range of motion and 4/5 strength on the left. Treatment recommendations included continuation of current medications. An operative note was then submitted on 12/13/2013, indicating that the patient underwent a left knee total replacement with tricompartmental synovectomy and posterior flexion contracture release. The current retrospective request is for the durable medical equipment issued on 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR Q TECH COLD THERAPY/DVT PREVENT X 35 DAYS DOS:12/13/13: 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 & Leg Chapter, Continuous Flow Cryotherapy

Decision rationale: Official Disability Guidelines state continuous flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. The current request for a Q-Tech cold therapy system for 35 days following surgery exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.