

Case Number:	CM14-0034272		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2002
Decision Date:	08/26/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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 60 year-old male was reportedly injured on 9/13/2002. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/21/2014, indicates that there are ongoing complaints of bilateral knee pain. The physical examination demonstrated bilateral knees: right knee: well healed nontender decisions. Positive tenderness to palpation of the medial lateral joint line. Medial and lateral pain with McMurray's. Mild patellofemoral irritability. Range of motion 0-110 with crepitation. Left knee: well healed incision. Tenderness to palpation over the medial and lateral joint line. Medial and lateral pain with McMurray's. Mild patellofemoral irritability. Range of motion 0-110 with some crepitation. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, medications, and conservative treatment. A request was made for cold therapy unit 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 - purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines- Treatment of Worker's Compensation Knee Procedure Summary.

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) (updated 04/25/14) - Continuous Flow Cryotherapy.

Decision rationale: Cold Compression Therapy Units are 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 it appears injured worker is already status post bilateral total knee arthroplasty. According to guidelines this treatment modality is approved for postsurgical treatment. Therefore this request is deemed not medically necessary.