

Case Number:	CM14-0042558		
Date Assigned:	06/20/2014	Date of Injury:	05/17/2010
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/14/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year-old female with a 5/17/10 date of injury. According to the 1/20/14 orthopedic report from [REDACTED], the patient presents with left knee stiffness and pain, after having left knee TKA on 3/13/12 and subsequent manipulation, arthroscopy on 1/29/13 and left knee revision arthroplasty on 7/30/13. The physician reports a non-industrial MVA on 12/25/13 where she fractured her sacrum and bruised the left knee, but by the 1/20/14 visit the bruising subsided. [REDACTED] requested left knee MUA for decreased knee motion, despite using the Dynasplint and 12 sessions of PT. He recommended a cold therapy unit rental/purchase for post-operative use. On 3/5/14 UR the request for post-operative use of cold therapy unit was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit (Rental/Purchase) QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data, Official Disability Guidelines Treatment in Workers Compensation, 5th Edition, 007 or current year. Knee & Leg (Acute & Chronic). Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines, Knee chapter Continuous-flow cryotherapy.

Decision rationale: According to the 1/20/14 orthopedic report from [REDACTED], the patient presents with left knee stiffness and pain, after having left knee TKA on 3/13/12 and subsequent manipulation, arthroscopy on 1/29/13 and left knee revision arthroplasty on 7/30/13. The patient had had 12 sessions of PT and has been using the dynasplint, but is still losing motion in the left knee. The physician has requested left knee MUA, and has authorization for the procedure and he has requested rental of a cold therapy unit for use during the post-manipulation period. ODG guidelines state that the cold therapy units are recommended for up to 7-days postoperative to decrease pain, swelling and inflammation. The request appears reasonable and in accordance with ODG guidelines. The request is medically necessary.