

Case Number:	CM14-0044123		
Date Assigned:	07/09/2014	Date of Injury:	01/01/2010
Decision Date:	08/29/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 injured worker is a 59-year-old female who was reportedly injured on January 1, 2010. The mechanism of injury was noted as a slip and fall on water. The most recent progress note dated July 17, 2014, indicated that there were ongoing complaints of left knee and left hip pains. The physical examination demonstrated mild swelling of the left knee with hypersensitivity to light touch at the anterior and medial aspects. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included manipulation under anesthesia, left knee arthroplasty, a revision surgery, oral medications, topical medications and the use of an H wave unit. A request was made for a cold therapy polar care unit and was not certified in the pre- authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Polar Care Unit: 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), Treatment in Workers Comp, Knee & 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), Knee and Leg, Continuous Flow Cryotherapy, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. Additionally, postoperative use is generally up to seven days including home usage. As the injured employee is not currently in the postoperative period, this request for a cold therapy polar care unit is not medically necessary.