

Case Number:	CM14-0047527		
Date Assigned:	06/25/2014	Date of Injury:	11/23/1999
Decision Date:	08/13/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 44-year-old male who reported injury to his right knee to his both knees. A clinical note dated 09/03/13 indicated the injured worker presenting with right knee being most symptomatic. The injured worker stated he had difficulty completing activities of daily living and sleeping secondary to pain. The injured worker underwent a Synvisc injection of both knees on 08/13/13. The injured worker underwent injections at that time as well. A clinical note dated 02/04/14 indicated the injured worker continuing with bilateral knee pain. The injured worker was provided with a third injection of Kenalog, Marcaine and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donjoy Ice Man Clear Cube for Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter, Continuous-flow cryotherapy.

Decision rationale: Clinical documentation indicates the injured worker complaining of bilateral knee pain. The use of ice/cold therapy is indicated at the knees provided that the injured worker

meets specific criteria, including a previous operative procedure has been completed. No information was submitted regarding a recent completion of any surgical procedures at either knee. The injured worker underwent a series of injections at the right knee. However, given that no information was submitted regarding completion of any surgical procedure this request is not fully indicated. The request for Donjoy Ice Man Clear Cube for Bilateral Knees is not medically necessary.