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| Case Number: | CM14-0053384 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 01/07/2013 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 04/22/2014 |

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 Preventive Medicine, and is licensed to practice in Indiana. 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:

This employee is a 61-year-old male/female with date of injury of 1/7/2013. A review of the medical records indicates that the patient is undergoing treatment for left knee and lower back strain. Subjective complaints include left knee pain. Objective findings include positive straight leg raise, decreased sensation in the left leg, decreased range of motion with spasms and trapezius trigger point with referred pain, medial meniscus tear. Treatment has included left knee arthroscopy, medial and lateral meniscectomy and chondroplasty, and epidural steroid injections. The utilization review dated 4/7/2014 did not grant a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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; cold heat packs>.

Decision rationale: The MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. The Official Disability Guidelines states

that postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use. There is no evidence in the guidelines for use after the initial 7 days nor do the guidelines recommend an unspecified duration. The employee is beyond the 7-day window after her surgery. The Cold therapy unit (unspecified duration) is not medically necessary and appropriate.