

Case Number:	CM14-0053849		
Date Assigned:	07/07/2014	Date of Injury:	02/28/2012
Decision Date:	08/06/2014	UR Denial Date:	04/16/2014
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 Orthopedic Surgery 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:

This 39-year-old male cook sustained an industrial injury on 2/28/12, relative to a fall. The 5/25/12 left knee MRI indicated a medial meniscus tear. Records documented progressively worsened pain and failure of conservative treatment. The 2/3/14 treating physician left knee exam findings documented antalgic gait, trace effusion, range of motion 0-130 degrees, and 4/5 strength. There was positive patellofemoral crepitation, medial joint line pain, and positive McMurray's, Apley's compression, and grind tests. Surgery was recommended. The 4/16/14 utilization review noted surgical authorization and recommended modification of the request for the Donjoy Iceman Clearcube and supplies for up to 7-days post-operative use consistent with guidelines. The left knee diagnostic and operative arthroscopy with partial lateral meniscectomy, extensive synovectomy and debridement, and abrasion chondroplasty was performed on 4/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donjoy Iceman Clearcube: 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, Continuous flow cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 4/16/14 utilization review decision recommended partial certification of the Donjoy Iceman Clearcube for up to 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for a Donjoy Iceman Clearcube is not medically necessary.

Cod Pad McGuire, Loop NS, RH (Cold Therapy Unit Supplies): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.