

Case Number:	CM14-0063580		
Date Assigned:	07/11/2014	Date of Injury:	11/20/2011
Decision Date:	12/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and prior knee arthroscopy in 2013. In a Utilization Review Report dated April 28, 2011, the claims administrator modified a request for cold therapy compression unit [purchase] as a one-week rental of the same. The applicant's attorney subsequently appealed. The applicant did undergo a left medial meniscectomy and abrasion arthroplasty procedure on October 30, 2013. In a summary Utilization Review Report dated April 28, 2014, the claims administrator stated that it was modifying a request for 21 days of a cold therapy compression unit rental as a seven-day rental of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Compression Unit 21 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous-flow Cryotherapy topic.

Decision rationale: The MTUS does not address the topic of postoperative cryotherapy. While ODG's Knee Chapter, Continuous-flow Cryotherapy does endorse continuous-flow cryotherapy as an option for up to seven days postoperatively, the request, as written, however, represents treatment well in excess of ODG parameters. The attending provider had not clearly outlined a compelling applicant-specific rationale for usage of continuous-flow cryotherapy for 21 days postoperatively, nor did the attending provider furnish any medical evidence which would support such usage. Therefore, the request was not medically necessary.