

Case Number:	CM14-0064385		
Date Assigned:	08/08/2014	Date of Injury:	11/16/2009
Decision Date:	09/16/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/07/2014

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:

54-year-old male sustained a twisting injury to his knee. Exam note from March 21, 2014 demonstrates complaints in the neck right shoulder lumbar spine. The claimant reports that the right knee pain has become worse. Physical examination demonstrates reduced range of motion in the cervical spine with tenderness over the cervical spine. Right knee exam demonstrates 0-120 range of motion. There is tenderness over the medial aspect of the knee and patellofemoral grind test was noted to be positive treatment plan includes a right knee partial replacement. Exam note from November 21, 2013 discloses significant medial compartment degenerative arthritis. Denial is noted from prior utilization review from 4/9/14 for right knee partial knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 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), 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.

Decision rationale: As the requested surgical procedure is not medically necessary, the requested postoperative polar care unit is not medically necessary.