

Case Number:	CM14-0064872		
Date Assigned:	07/11/2014	Date of Injury:	08/14/1997
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 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 58 year old female who was injured on 08/14/97. The mechanism of the initial injury is not identified. Records indicate the injured worker's left knee pain began in October 2012. The injured worker then fell in June 2013 and again on 09/29/13. The falls resulted in increased left knee pain. The injured worker is status post left knee meniscectomies and OATS procedure. The injured worker complains of severe left knee pain rated at a 7/10 which continues to progress. The injured worker is diagnosed with osteoarthritis of the left knee. The injured worker has been treated with injections, physical therapy, activity modifications and pain medications such as Ultram. The injured worker is unable to take NSAIDS due to actinic mycosis of the bowel. Clinical note dated 03/27/14 notes the injured worker is a candidate for a left total knee arthroplasty. It is noted the injured worker wishes to proceed with the surgery. This is a request for a postoperative cold therapy unit for up to 14 days. Records do not reveal that surgical intervention has been approved, scheduled or recently performed for this injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op cold therapy unit for up to 14 days (authorized only portion): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, sections on Continuous-flow cryotherapy and Game Ready's accelerated recovery system.

Decision rationale: The request for postoperative use of a cold therapy unit for up to 14 days is not recommended as medically necessary. MTUS and ACOEM do not address the use of cold therapy for postoperative care. ODG addresses the use of continuous-flow cryotherapy and states, "Postoperative use generally may be up to 7 days, including home use." Guidelines do not support the use of cold therapy units for longer than 7 days. Moreover, the records submitted for review do not reveal that a surgical intervention has been approved for the care of this injured worker. Without an approved surgery a cold therapy unit will not be needed. Based on the clinical information provided, medical necessity of a postoperative cold therapy unit for up to 14 days is not established.