

Case Number:	CM14-0066997		
Date Assigned:	07/11/2014	Date of Injury:	10/17/2013
Decision Date:	08/22/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

According to the records made available for review, this is a 52-year-old female with a 10/17/13 date of injury. At the time (1/8/14) of request for authorization for Cold Therapy x 4 months and Sacroiliac orthrosis x 4 months, there is documentation of subjective (right knee pain and left arm pain) and objective (right knee pain and weakness, and paraspinal tenderness) findings, current diagnoses (right knee sprain, strain, and tendinopathy), and treatment to date (medications). Regarding Cold Therapy, there is no documentation of recent or pending surgeries that has been authorized. Regarding Sacroiliac orthrosis x 4 months, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy x 4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Knee, page(s) 338 Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: MTUS reference to ACOEM identifies patient's at-home applications of cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of right knee sprain, strain, and tendinopathy. However, there is no documentation of any recent or pending surgery that has been authorized/certified. In addition, the requested cold therapy x4 months exceeds guidelines (up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for Cold Therapy x 4 months is not medically necessary.

Sacroiliac orthrosis x 4 months: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion).

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of right knee sprain, strain, and tendinopathy. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Cold Therapy x 4 months is not medically necessary.