

Case Number:	CM14-0067801		
Date Assigned:	07/11/2014	Date of Injury:	11/12/2001
Decision Date:	10/02/2014	UR Denial Date:	04/25/2014
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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 67-year-old female who injured her right knee on November 12, 2001. The medical records provided for review document that the claimant is recommended to undergo right knee arthroscopy with meniscal repair, microfracture, and chondroplasty based on the claimant's recent February 25, 2014 radiograph and imaging findings. The claimant is noted to have failed conservative care. The specific clinical records for review do not indicate whether or not surgical process has yet occurred. This request is for postoperative use of a cryotherapy device for fourteen day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit Purchase or Rental for 14 Days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for fourteen day use of a cryotherapy device cannot be recommended as medically necessary. The ACOEM Guidelines support the application of cold packs topically for pain control. The Official Disability Guidelines recommend the use of cold therapy and cryotherapy units for treatment of acute inflammatory processes in the postsurgical setting, they only support the use of the devices up to seven days postoperatively including home use. The specific request for fourteen days use of the above device would exceed the ODG Guideline criteria and cannot be recommended as medically necessary.