

Case Number:	CM14-0071147		
Date Assigned:	07/14/2014	Date of Injury:	07/27/2012
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 47-year-old male who sustained an injury on July 27, 2012. He is diagnosed with (a) cervical strain and (b) osteoarthritis, localized. He was seen on December 30, 2013 for an evaluation. Evaluation of the left knee revealed mild swelling. There was tenderness over the medial joint line. His McMurray's test was positive. The request for left knee arthroscopy was approved and he was then scheduled for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacooling system times six weeks for 30 minutes three daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PIMD: 18214217 (PubMed-indexed for MEDLINE).

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, Continuous-flow cryotherapy.

Decision rationale: The request for postoperative Thermacooling System for six weeks is not medically necessary at this time. According to the Official Disability Guidelines, postoperative use of this modality is recommended up to seven days. The Thermacooling System was

requested for six weeks, which is beyond the timeframe approved by the guidelines. Therefore, ThermoCooling system times six weeks for 30 minutes three daily is not medically necessary and appropriate.

Water circulation wrap for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PIMD: 18214217 (PubMed-indexed for MEDLINE).

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, Continuous-flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.