

Case Number:	CM14-0077540		
Date Assigned:	07/18/2014	Date of Injury:	04/07/2010
Decision Date:	09/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 Management 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 46-year-old male with a 4/7/10 date of injury, and left knee arthroscopy with debridement and chondroplasty on 11/12/13. At the time (10/21/13) of request for authorization for Retro cold therapy unit for left knee for purchase, there is documentation of subjective (moderate left knee pain with activity) and objective (significant atrophy of his left thigh) findings, current diagnosis (graft impingement/flexion contracture of the left knee), and treatment to date (surgery, physical therapy, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cold therapy unit rental for left knee for purchase: 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) Treatment for Workers compensation, Online Edition Chapter: Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Polar care (cold therapy unit).

Decision rationale: MTUS does not address this issue. 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 a diagnosis of graft impingement/flexion contracture of the left knee. In addition, there is documentation of status post left knee arthroscopy with debridement and chondroplasty on 11/12/13. However, the requested Retro cold therapy unit rental for left knee for purchase exceeds guidelines (for up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for Retro cold therapy unit rental for left knee for purchase is not medically necessary.