

Case Number:	CM14-0080272		
Date Assigned:	07/18/2014	Date of Injury:	07/17/2010
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 74 year old female whose date of injury is 07/17/2010. The mechanism of injury is described as a trip and fall. The injured worker has been authorized for right knee arthroscopy for partial meniscectomy and has been recommended for Q-Tech recovery unit (hot/cold/compression device) with deep vein thrombosis prevention for 35 days. Treatment goals are to reduce or eliminate pain, to reduce or eliminate edema, improve activities of daily living, improve range of motion and protect the surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold therapy unit with DVT prevention leg wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Knee and Leg Chapter Continuous-flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Game Readyâä accelerated recovery system.

Decision rationale: The request is nonspecific and does not indicate the duration of the requested rental of if the request is for rental or purchase. The Official Disability Guidelines

note that combination cryotherapy/vaso-compression units are recommended as an option after surgery, but not for nonsurgical treatment. These systems combine continuous-flow cryotherapy with the use of vaso-compression. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on any combined system. The Official Disability Guidelines would support up to 7 days postoperative use of a cryotherapy unit. Based on the clinical information provided, the request for Q-Tech cold therapy unit with deep vein thrombosis prevention leg wrap is not recommended as medically necessary.