

Case Number:	CM14-0096785		
Date Assigned:	07/23/2014	Date of Injury:	05/05/2005
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 Orthopaedic Surgery 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:

This 37-year-old male retired [REDACTED] officer sustained an industrial injury on 5/5/05. Injury occurred when he was struck by a GMC Yukon and pinned between his vehicle and the SUV. He sustained multiple compound fractures of the right tibia and fibula, and back and bilateral shoulder injuries. He underwent multiple right knee reconstruction surgeries including pins/plating. A right knee arthroscopy with removal of hardware was performed on 2/1/06. The 4/4/14 right knee MRI revealed cartilage abnormalities and diminutive meniscus likely due to prior partial meniscectomy versus radial tearing. The 5/22/14 treating physician report cited sharp stabbing pain, weakness and snapping of the right knee since October 2013. The patient had failed conservative treatment. A right knee diagnostic arthroscopy with probable chondroplasty, and removal of loose bodies was recommended. The 5/30/14 utilization review certified the request for right knee arthroscopy. A request for a cold therapy unit was modified for use up to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit: 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)-Knee.

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, Continuous flow cryotherapy.

Decision rationale: The California MTUS are silent regarding cold therapy devices. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery. Postoperative use is generally supported up to 7 days, including home use. The 5/22/14 utilization review decision recommended partial certification of a cold therapy unit for up to 7 days use. There is no compelling reason to support the medical necessity of a cold therapy unit beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for one cold therapy unit is not medically necessary.