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| Case Number: | CM14-0103213 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 11/11/2005 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 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:

53 year old claimant with reported industrial injury of 11/11/05. Exam note 5/14/14 demonstrates complaints of increased pain and swelling in the right knee with popping. Pain is noted despite physical therapy. Exam demonstrates swelling and effusion of the right knee. MRI 2/20/14 demonstrates joint effusion, chondromalacia patella with mild arthritic changes in the posterior weight bearing aspect of the distal medial femoral condyle with small osteophyte formation and 5 mm osteochondritis dissecans lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro cool unit x 4 week rental: 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 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, Continuous Flow Cryotherapy

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option

after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request of 4 weeks exceeds the 7 day recommendation. Therefore the determination is not medically necessary.