

Case Number:	CM14-0121468		
Date Assigned:	09/08/2014	Date of Injury:	08/24/2012
Decision Date:	03/05/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 52-year-old male who reported a twisting/buckling knee injury on 08/31/2012. The current diagnoses include left knee chondromalacia patella and left knee chondromalacia of the medial femoral condyle. The injured worker presented on 12/05/2014 with complaints of persistent left knee pain. Upon examination, there was tenderness in the medial joint line as well as crepitus with range of motion of the patellofemoral joint. There was palpable medial and lateral facet tenderness. Recommendations included a restoration surgery with biocartilage allograft implant and microfracture with plasma injection. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit seven (7) day rental.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Ankle and foot; Table 2, Summary of recommendations, Ankle and foot Disorders.

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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy for up to 7 days following surgery. Although the current request for a 7 day rental of a cold therapy unit does fall within guideline recommendations, the documentation provided indicates that the requested procedure has not been authorized. Therefore, the medical necessity for the requested postoperative durable medical equipment cannot be determined as medically appropriate at this time.