

Case Number:	CM14-0130969		
Date Assigned:	08/20/2014	Date of Injury:	10/10/2013
Decision Date:	04/03/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 10/10/13. On 8/15/14, the injured worker submitted an application for IMR for review of 1 Cold Therapy unit rental for 7 days. The treating provider has reported the injured worker complained of left knee pain with swelling, sharp stab pain medially, felt "catch and give way". The diagnoses have included left knee medial meniscus tear. Treatment to date has included MRI left knee (7/15/2014), acupuncture (over 25 visits), TENS unit, x-rays cervical spine, right shoulder and left knee (6/26/14). On 7/17/14 Utilization Review non-certified 1 Cold Therapy unit rental for 7 days. The MTUS, ACOEM Guidelines, (or ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cold Therapy unit rental for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) 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 knee chapter has the following regarding continuous-flow cryotherapy.

Decision rationale: This patient presents with left knee medial meniscus tear and left shoulder strain. The current request is for 1 COLD THERAPY UNIT L RENTAL 7 DAYS. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee chapter has the following regarding continuous-flow cryotherapy: Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic use. However, the effectiveness on more frequently treated acute injuries has not been fully evaluated. In this case, On 7/8/14 the treating physician recommended authorization for a left knee arthroscopy. As discussed in Utilization review dated 7/17/14, the request for left knee arthroscopy has not been certified. ODG states that continuous-flow cryotherapy recommended as an option following surgery but not for nonsurgical treatment. Given the requested surgery has not been authorized, the requested cold therapy unit IS NOT medically necessary.