

Case Number:	CM14-0189924		
Date Assigned:	11/21/2014	Date of Injury:	06/30/2011
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 6/30/11. He was seen by his orthopedic physician on 10/1/14 with complaints of right knee pain and clicking with interference in and restriction of his daily activities. He had not returned to work. His exam showed that he ambulated with a slight right stiff-knee gait. He demonstrated good active knee flexion and extension, no abnormal ligamentous laxity, right medial and lateral peripatellar tenderness and a positive right patellar compression sign. His diagnoses were right knee internal joint derangement, rule out meniscus or chondral lesion and right patellofemoral pain and malalignment. He was referred for arthroscopic surgical evaluation and treatment. At issue in this review is the request for a cold therapy unit.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker has chronic knee pain with upcoming/anticipated surgery. During the acute phases of injury passive modalities such as application of heat and cold for temporary amelioration of symptoms can be utilized. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is for the current state or post-surgical state. The injury is also not acute and it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit is not substantiated in the records.