

Case Number:	CM14-0196803		
Date Assigned:	12/04/2014	Date of Injury:	09/03/2010
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

Patient is a 43 year-old female with date of injury 09/03/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/13/2014, lists subjective complaints as pain in the low back and left knee. Objective findings: Examination of the lumbar spine revealed restricted range of motion with flexion at 60 degrees and extension at 15 degrees. Tenderness to palpation was noted over the bilateral lumbar paraspinal muscles consistent with lumbar paraspinal spasms. Diminished sensation in the left L4 and L5 dermatomes of the lower extremities. Examination of the left knee revealed tenderness to palpation over the medial joint line. No atrophy was noted. Motor strength was 5/5 and symmetric throughout the bilateral lower extremities. Diagnosis: 1. Internal derangement of the left knee 2. Displacement of intervertebral disc without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 (Acute & Chronic), Continuous-flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance. Cold therapy unit rental is not medically necessary.