

Case Number:	CM14-0203777		
Date Assigned:	12/16/2014	Date of Injury:	10/22/2013
Decision Date:	02/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is the patient with the date of injury of October 22, 2013. A utilization review determination dated October 30, 2014 recommends noncertification of a cold therapy unit. The utilization review determination states that the surgery is not medically necessary, therefore the postoperative treatment is not medically necessary. A progress report dated October 2, 2014 identifies subjective complaints stating that the right knee injection gave relief. Objective findings are illegible. Diagnosis is illegible. Treatment plan recommends physical therapy, brace, and (illegible). A progress report dated September 8, 2014 recommends conservative treatment with another corticosteroid injection of the right knee as well as a home exercise program.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for Cold therapy unit, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after

knee surgery. Within the documentation available for review, there is no indication that surgery has been authorized. Additionally, the open-ended use of a continuous-flow cryotherapy unit, as requested here, is not supported by ODG and a modification to this request cannot be made. In light of the above issues, the currently requested Cold therapy unit is not medically necessary.