

Case Number:	CM15-0003701		
Date Assigned:	01/14/2015	Date of Injury:	03/25/2007
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/08/2015

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, Hawaii
 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 62 year old male, who sustained an industrial injury on March 25, 2007. The details of the injury were not documented in the reviewed medical record. He has reported pain of the left knee, frequent buckling and clicking of the knee, and pain that increases with weight bearing. The diagnoses have included left tibia plateau fracture, sciatica, and back spasms. Treatment to date has included medications and a meniscal repair. Currently, the injured worker complains of pain of the left knee, frequent buckling and clicking of the knee, and pain that increases with weight bearing. The treating physician is requesting a Cold therapy unit. On December 23, 2014 Utilization Review non-certified the request for the Cold therapy unit. The rationale and references were not documented in the Utilization Review.

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 cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Knee chapter for Continuous-flow cryotherapy

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Cold therapy unit. The treating physician states that the patient is a candidate for left knee arthroscopy. (64) The ODG guidelines support continuous-flow cryotherapy only after surgery as an option for up to 7 days. In this case, the treating physician has received an authorization from the insurance company for the left knee arthroscopy but the current request is for an unspecified period of time which is outside of the ODG and IMR guidelines. The current request is not medically necessary and the recommendation is for denial.