

Case Number:	CM15-0107308		
Date Assigned:	06/11/2015	Date of Injury:	05/02/2014
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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

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 5/2/14. He reported right knee pain. The injured worker was diagnosed as being status post right total knee replacement. Treatment to date has included physical therapy, a Cortisone injection, right total knee replacement on 5/13/15, and medication. Currently, the injured worker was status post total right knee replacement. The treating physician requested authorization for A Thermacure unit 21 day rental and Thermacure pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacure Unit 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline, Cinahl and the Cochrane Library.

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, page 292.

Decision rationale: MTUS Guidelines is silent on specific use of cold/heat compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7 day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated medical necessity outside guidelines criteria. The Thermacure Unit 21 day rental is not medically necessary or appropriate.

Thermacure pad purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline, Cinahl and the Cochrane Library.

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, page 292.

Decision rationale: MTUS Guidelines is silent on specific use of cold/heat compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7 day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated medical necessity outside guidelines criteria. As the Thermacure Unit 21 day rental is not medically necessary and appropriate; thereby, the Thermacure pad purchase is not medically necessary or appropriate.