

Case Number:	CM15-0108969		
Date Assigned:	06/15/2015	Date of Injury:	05/01/2013
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 47-year-old male, who sustained an industrial injury on May 1, 2013. He reported right knee pain. The injured worker was diagnosed as having chondromalacia of the patella, lumbosacral radiculopathy, meniscal tear (lateral) and medial meniscal tear. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the right knee, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right knee and low back pain with lower extremity radicular symptoms. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on May 4, 2015, revealed continued pain as noted. It was noted it was unlikely the injured worker would fully recover from the industrial injury without an 80-pound weight loss. A weight loss program was ordered as well as home exercises and continued physical therapy. A cold therapy unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Q-Tech cold therapy recovery system with wrap 21-day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Aetna.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Surg Sports Tramadol Arthrosc. 2011 Feb; 19 (2): 314-319.

Decision rationale: CA MTUS and ODG do not specifically address this issue. Evidence-based guidelines/medical practice standards of care have revealed that continuous flow cryotherapy units are recommended for up to 7 days following surgery. Cold therapy devices are experimental and investigational. Studies have failed to show that the devices offer any advantages over ice packs. In this case, the request is for 21 days, which exceeds the 7 day recommendation. Therefore, the request is deemed not medically necessary or appropriate.