

Case Number:	CM15-0131639		
Date Assigned:	07/17/2015	Date of Injury:	02/29/2012
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, California

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:

This is a 48-year-old female patient, who sustained an industrial injury on 2/29/2012. The mechanism of injury was a motor vehicle accident. The diagnoses include right lateral collateral ligament tear and mucoid degenerative changes in the menisci. Per the progress note dated 6/5/2015, she had complains of pain in the right hip, right knee and cervical spine. Physical examination showed right knee swelling, decreased right hip range of motion and tenderness in the cervical spine. The medications list includes glucosamine, prilosec and OTC NSAID. She has had right knee magnetic resonance imaging dated 3/13/2015, which showed mild osteoarthritic changes edema and trace knee joint effusion and partial tear of the lateral collateral ligament. She has undergone right femur ORIF in 1987 and hystrectomy in 2005. She has had physical therapy visits for this injury. She was authorized for right knee surgery. The treating physician is requesting cold therapy rental for 14 days for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Rental 14 days for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Continuous-flow cryotherapy.

Decision rationale: Cold Therapy Rental 14 days for the Right Knee. Per the cited guidelines cold therapy unit is "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." The cited guidelines recommend use of a cold therapy unit for only 7 days post operatively. Patient has been approved for right knee surgery. The rationale for not renting a cold therapy device for temporary postoperative use for 7 days, as recommended in the guidelines, versus requesting a 14 days of rental was not specified in the records provided. The Cold Therapy Rental 14 days for the Right Knee is not medically necessary for this patient.