

Case Number:	CM15-0131653		
Date Assigned:	07/17/2015	Date of Injury:	06/12/2013
Decision Date:	08/17/2015	UR Denial Date:	06/10/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female who sustained an industrial injury on June 12, 2013. She has reported injury to the neck, both arms, both knees, and low back and has been diagnosed with cervical discopathy, lumbar discopathy, and bilateral knee chondromalacia. Treatment has included modified work duty, medical imaging, injection, medications, and conservative methods. She had moderate medial joint line swelling and tenderness left with moderate patellofemoral crepitation on the left knee. The right knee also was significant with an effusion with medial joint line swelling and tenderness. She could flex both knees to 100 degrees and has full extension. There was a positive McMurray only on the left and not on the right. The treatment request includes hot cold therapy unit and hot cold therapy pad wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (updated 05/05/15) -Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for Hot/cold therapy unit purchase, 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, the patient was certified for arthroscopy and meniscectomy of the right knee and the requested Polar Care was appropriately modified in utilization review for up to 7 days of use. The purchase of a continuous-flow hot/cold therapy unit is not supported by ODG and a modification to this request cannot be made. In light of the above issues, the currently requested Hot/cold therapy unit purchase is not medically necessary.

Hot/cold therapy pad/wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG), Knee & Leg (updated 05/05/15)-Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 333. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy.

Decision rationale: Regarding the request for Hot/cold therapy pad/wrap purchase, 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, the patient was certified for arthroscopy and meniscectomy of the right knee and the requested Polar Care was appropriately modified in utilization review for up to 7 days of use. The purchase of a continuous-flow hot/cold therapy unit is not supported by ODG and a modification to this request cannot be made. In light of the above issues, the currently requested Hot/cold therapy pad/wrap purchase is not medically necessary.