

Case Number:	CM15-0135239		
Date Assigned:	07/23/2015	Date of Injury:	02/20/2015
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 65-year-old who has filed a claim for knee pain reportedly associated with an industrial injury of February 20, 2015. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for cold therapy unit for purchase while approving a cold therapy unit 7-10 day rental. An RFA form received on June 26, 2015 was referenced in the determination. The full text of the UR report, it was incidentally noted, did not appear to have been attached to the IMR application. The applicant's attorney subsequently appealed. MRI imaging of the knee dated April 15, 2015 was notable for tearing of the medial meniscus and partial tear of the anterior and posterior cruciate ligaments. On April 17, 2015, the applicant was asked to follow up with his personal physician to work up issues with knee internal derangement and knee osteoarthritis. On May 19, 2015, authorization for a right knee ACL reconstruction and medial meniscus repair procedure versus meniscectomy was sought with associated postoperative cryotherapy and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for purchase: 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 Official Disability Guidelines (ODG) Knee, Continuous-flow cryotherapy.

Decision rationale: The request for a cold therapy unit purchase was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. The request in question was framed as a request for postoperative cryotherapy following a planned knee ACL reconstruction surgery. The MTUS does not address the topic of postoperative cryotherapy devices. ODG's Knee Chapter Continuous Flow Cryotherapy topic notes that continuous flow of cryotherapy is recommended as an option for surgery, for up to 7 days of postoperative use. Here, thus, the request for a cold therapy unit [purchase] represents treatment beyond ODG parameters, as ODG does not recommend cold therapy devices outside of the 7-day postoperative window. The attending provider failed to furnish a rationale for such a protracted duration of cryotherapy in the face of the unfavorable ODG request on the same. Therefore, the request was not medically necessary.