

Case Number:	CM15-0139306		
Date Assigned:	07/29/2015	Date of Injury:	09/06/2012
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts
 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 injured worker is a 39-year-old male, who sustained an industrial injury on September 6, 2012, incurring bilateral knee injuries and upper extremity injuries. Treatment included rest, ice, anti-inflammatory drugs, analgesics, neuropathic medications, and physical therapy. He underwent a left knee diagnostic arthroscopy on May 15, 2015. He underwent multiple surgical interventions for his wrists and hands. Currently, the injured worker complained of ongoing left knee pain and weakness with limited range of motion after the surgery in May, 2015. The treatment plan that was requested for authorization included a cold compression therapy unit, 14 day rental (retrospective date of service: May 5, 2015) and a purchase of a compression wrap (retrospective date of service: May 15, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold compression therapy unit, 14 day rental (retrospective date of service: 5/15/15):
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (updated 5/5/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/ cryotherapy (5/5/15).

Decision rationale: According to ACOEM OMPG knee chapter, "Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." Regarding post-operative intervention, ODG states that continuous- flow cryotherapy "postoperative use generally may be up to 7 days, including home use." The IW is status post meniscectomy and continuous-flow cryotherapy is appropriate for up to 7 days, however there are no guidelines that suggest that longer treatment (14 days) is more efficacious or if compression therapy vs continuous flow cryotherapy is more beneficial. Therefore the requested additional treatment is not considered medically necessary by the guidelines.

Compression wrap, purchase (retrospective date of service 5/15/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary equipment is not medically necessary, none of the associated equipment are medically necessary.