

Case Number:	CM15-0145641		
Date Assigned:	08/06/2015	Date of Injury:	03/22/2012
Decision Date:	09/03/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, 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 51-year-old male sustained an industrial injury on 3-22-12. He subsequently reported head trauma and pain. Diagnoses include bilateral septal deviation, bilateral nasal valve collapse, lumbar spine disc bulge, lumbosacral facet arthropathy and left lower extremity radiculopathy. Treatments to date include x-ray and MRI testing, nasal surgery, physical therapy and prescription pain medications. The injured worker continues to experience left knee pain and difficulty walking. Upon examination, antalgic gait was noted. There was trace swelling in the left knee. The treating physician made a request for Rental cold therapy unit w/therapy unit pads x 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental cold therapy unit w/therapy unit pads x 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 17.

Decision rationale: According to the guidelines, cold therapy is an option for up to 7 days after surgery. In this case, it was requested for use after knee surgery. Although it may decrease pain and reduced inflammation, the guidelines do not consider it a medical necessity. The request for cold therapy unit is an option but not a medically necessity.