

Case Number:	CM15-0181040		
Date Assigned:	09/30/2015	Date of Injury:	06/09/2010
Decision Date:	11/12/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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 [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 9, 2010. In a Utilization Review report dated September 3, 2015, the claims administrator seemingly failed to approve a request for a cold therapy device while approving requests for a knee brace and postoperative physical therapy. The claims administrator framed the request as post-op request following planned ACL reconstruction surgery. On an RFA form, dated August 18, 2015, authorization was sought for a knee arthroscopy, a cold therapy device, and postoperative physical therapy. On a separate RFA form dated August 13, 2015, the attending provider sought authorization for an arthroscopy- aided ACL reconstruction procedure with associated MCL reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cold therapy: 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 Chapter (Acute & Chronic, updated 07/10/15), Continuous-flow cryotherapy.

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: No, the request for a purchase of a cold therapy unit was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy devices. While ODG's Knee and Leg Chapter Continuous-flow Cryotherapy topic does acknowledge that continuous-flow cryotherapy devices are recommended as an option after surgery, ODG qualifies its position by noting that postoperative use is limited to up to 7 days of home use. Here, thus, the request for a purchase of the device in question, in effect, represented treatment in excess of ODG parameters. The attending provider is August 13, 2015 RFA form failed to furnish a clear or compelling rationale for long-term of the device in question beyond the immediate postoperative window for which such devices are endorsed by ODG. Therefore, the request was not medically necessary.