

Case Number:	CM15-0196387		
Date Assigned:	10/12/2015	Date of Injury:	10/01/2011
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 61 year old male who sustained an industrial injury on 10-1-11. The injured worker was treated right knee arthroscopy with partial medial and lateral meniscectomy, synovectomy of the medial and lateral and lateral compartments and chondroplasty (1-6-15); complex tear of lateral meniscus, status postleft knee arthroscopy with partial medial and lateral meniscectomies and bicompartamental synovectomy (6-2-15); right knee (1-25-13). Notes prior to 1-6-15 were not present. He has been treated with surgeries; physical therapy. The request for authorization dated 4-17-15 was a retrospective request for 1-6-15 and was for thermacure 32 day rental. On 9-28-15 Utilization Review non-certified the retrospective (1-6-15) request for 1 thermacure 32 day rental and modified the request to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Thermacure 32 day rental (DOS: 01/06/2015): 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 (acute & chronic): Compression cryotherapy (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, cold/heat packs.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hot/cold therapy. According to ODG, Knee and Leg section, cold/heat packs, hot packs had no beneficial effect on edema compared with placebo or cold application. Therefore the request for Thermacure is not medically necessary and is non-certified.