

Case Number:	CM15-0205924		
Date Assigned:	10/22/2015	Date of Injury:	06/14/2015
Decision Date:	12/07/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old female who sustained an industrial injury on 6-14-15. A review of the medical records indicates that the worker is undergoing treatment for pain-shoulder (right), pain -knee bilateral, impingement syndrome, medial meniscus tear, osteoarthritis (degenerative joint disease) knee and status post right knee surgery (2010). Subjective complaints (9-28-15) include bilateral knee pain, left worse than right. Objective findings (9-28-15) include tenderness to palpation (left knee) over the medial joint line, extension of 0 degrees and flexion of 120 degrees, patellofemoral crepitus, positive patellofemoral compression test, and McMurray's is positive. Work status is noted as not currently working. Previous treatment includes physical therapy and medication. A request for authorization is dated 10-7-15 for left knee arthroscopy with debridement, post-operative physical therapy 3x4, post-operative Norco and Phenergan, crutches and cold therapy unit and pad for purchase. On 10-14-15, the requested treatment of a cold therapy unit and pad was modified to 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit and Pad: 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, 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 and Leg, Cryotherapy.

Decision rationale: MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states, "Postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use." There is no evidence in the guidelines for use after the initial 7 days nor do the guidelines recommend an unspecified duration or purchase. As such, the request for Cold therapy unit and Pad is not medically necessary.