

Case Number:	CM15-0021654		
Date Assigned:	02/11/2015	Date of Injury:	06/09/2010
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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

Certification(s)/Specialty: Emergency 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 60-year-old male who reported an injury on 06/09/2010. Mechanism of injury was the injured worker was operating a heavy duty forklift covering for another employee and he lost control of the forklift and crashed. The injured worker was expelled from the forklift and crashed onto something and the cement floor. The diagnostic studies were not provided. The injured worker underwent a right inguinal hernia repair on 10/21/2014. Other therapies included physical therapy and aquatic therapy. The injured worker underwent left knee surgery. There was no Request for Authorization or physician documentation requesting the submitted treatment. The documentation of 07/01/2014 revealed the injured worker had complaints of constant moderate sharp bilateral inguinal hernia pain. The injured worker objectively had no palpable hernia. When the injured worker performed the Valsalva's, no masses could be elicited. There were inguinal nodes, but no frank masses. The diagnoses included bilateral inguinal strain and bilateral inguinal nodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold therapy unit x 4 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended postoperatively for up to 7 days. There was a lack of documentation indicating a necessity for both a hot and cold unit. There was a lack of documentation indicating a necessity for 4 months of therapy. The request as submitted failed to indicate the body part to be treated. There was no physician documentation or Request for Authorization submitted for the requested treatment. Given the above, the request for hot and cold therapy unit x 4 month rental is not medically necessary.