

Case Number:	CM15-0219458		
Date Assigned:	11/12/2015	Date of Injury:	09/19/2013
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 45 year old female, who sustained an industrial injury, September 19, 2013. The injured worker was undergoing treatment for left knee recurrent meniscal tear. According to progress note of September 21, 2015, the injured worker's chief complaint was left knee pain. The pain was frequent and increased with walking, standing, flexing and extension of the knee, climbing and descending stairs. The injured worker reported the knee giving way of the knee. Additional there was reports of swelling popping and clicking. The pain was rated 8 out of 10. The injured worker was having difficulty with performing activities of daily living as a result of the injuries, standing, sitting, reclining, walking, climbing stairs and having restful nocturnal sleep pattern. The objective findings were the injured worker walked with an antalgic gait on the left side. There was an effusion of the left knee. There was tenderness over the medial and lateral compartments. There was meniscal tenderness over the medial joint line. The McMurray's test was positive on the left. The injured worker previously received the following treatments left knee arthroscopic surgery, on September 29, 2015, for partial medial meniscectomy and debridement. The RFA (request for authorization) dated August 21, 2015 the following treatments were requested a motorized cold therapy unit for 1 month rental or purchase for post-operative care after arthroscopic left knee surgery, on September 29, 2015. The UR (utilization review board) denied certification on October 19, 2015 for a motorized cold therapy unit for 1 month rental or purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized cold therapy unit, purchase,: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Continuous flow-cryotherapy.

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Motorized cold therapy unit, purchase. The treating physician report dated 10/7/15 (7B) states: Status post arthroscopic surgery of left knee on September 29, 2015. The ODG guidelines support continuous-flow cryotherapy only after surgery as an option for up to 7 days. In this case, while usage of a continuous flow cold therapy unit is supported for 7 days as a medically necessary treatment, the current request is for purchase of a motorized cold therapy unit, and is not supported by the ODG guidelines. The current request is not medically necessary.