

Case Number:	CM15-0031125		
Date Assigned:	02/24/2015	Date of Injury:	03/04/2013
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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, Arizona

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 is a 42-year-old female who reported an injury on 03/04/2013. The mechanism of injury was not provided. The medications were not provided. The injured worker was noted to be approved for a diagnostic arthroscopy and operative arthroscopy of the left knee; partial meniscectomy; chondroplasty patella and trochlear groove; and excision of plica. The injured worker underwent an MRI of the left knee. The injured worker subsequently underwent surgical intervention on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kodiak combo multi-use kit, QTY: 1.00: 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) - Treatment in Worker's Compensation, shoulder Chapter.

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 for up to 7 days. The documentation indicated the injured worker underwent surgical intervention. However, the request as submitted failed to indicate whether the unit was for rental or purchase. There was a lack of documentation indicating what was included in the Kodiak combo multiuse kit. Given the above and the lack of documentation, the request for Kodiak combo multiuse kit quantity 1 is not medically necessary.