

Case Number:	CM15-0031583		
Date Assigned:	02/24/2015	Date of Injury:	06/21/2014
Decision Date:	04/13/2015	UR Denial Date:	01/21/2015
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

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 an 81 year old male, who sustained an industrial injury on 6/21/2014. The current diagnoses are left knee pain and osteoarthritis of the knee. Currently, the injured worker complains of left knee pain. The pain is described as dull, achy, and constant. Additionally, he reports soft tissue swelling. Current medications are Vicodin and Ibuprofen. The physical examination of the left knee reveals tenderness to palpation over the medial and lateral joint lines. Treatment to date has included medications and left knee steroid injection. Per notes, left total knee has been denied. The treating physician is requesting cold therapy unit with pad, which is now under review. On 1/21/2015, Utilization Review had non-certified a request for cold therapy unit with pad. The cold therapy unit with pad was modified to a 7-day rental without compression. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy unit with 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 & 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, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore, the determination is for non-certification.