

Case Number:	CM15-0034876		
Date Assigned:	03/03/2015	Date of Injury:	09/05/2012
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury, September 5, 2012. According to progress note of the injured workers chief complaint was left postoperative knee pain. The injured worker had arthroscopic left knee surgery on February 11, 2015. The cold therapy was part of the postoperative care. The injured worker was diagnosed with left knee ACL tear, status post right knee surgery with ACL reconstruction withy allograft and internal brace, chondroplasty and PRP injection on August 4, 2014; status post left knee arthroscopic surgery on February 11, 2015. The injured worker previously received the following treatments left and right knee x-rays knee, MRI of the left knee, laboratory studies, physical therapy, Norco and Naproxen. December 20, 2014, the primary treating physician requested authorization for cold therapy unit purchase. On January 27, 2015, the Utilization Review denied authorization for cold therapy unit purchase. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Cold Therapy Unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use of a cold unit and thus meets criteria as noted above per the ODG.