

Case Number:	CM15-0036643		
Date Assigned:	03/05/2015	Date of Injury:	03/16/2011
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 27-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 16, 2011. In a Utilization Review Report dated January 20, 2015, the claims administrator partially approved/conditionally approved a cold therapy unit purchase as a seven-day rental of the same. The claims administrator referenced an RFA form received on January 21, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten January 6, 2015 progress note, the applicant was placed off of work, on total temporary disability, status post earlier knee arthroscopy. In a January 20, 2015 RFA form, a left knee lateral release procedure, osteotomy procedure, assistant surgeon, postoperative physical therapy, knee brace, and cold therapy unit were sought. In an associated progress note of January 7, 2015, the applicant was described as having done poorly with her previous knee surgery. The applicant had persistent issues with knee instability. The applicant was unable to work and was placed off of work, on total temporary disability, the treating provider noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME): cold therapy unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Continuous-flow cryotherapy.

Decision rationale: The request for a cold therapy unit purchase was not medically necessary, medically appropriate, or indicated here. The request appears to represent a request for purchase of a cryotherapy device postoperatively. The MTUS does not address the topic of postoperative cryotherapy devices. However, ODG's Knee Chapter, Continuous-flow Cryotherapy topic notes that continuous-flow cryotherapy should be limited to seven days of postoperative use. Here, the attending provider's RFA form and associated progress note of January 7, 2015 contained little-to-no applicant-specific rationale which would compel provision of the device on a purchase basis in the face of the short-term role for which postoperative cryotherapy device is recommended, per ODG. Therefore, the request was not medically necessary.