

Case Number:	CM15-0046283		
Date Assigned:	03/18/2015	Date of Injury:	09/19/2013
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 57-year-old male who sustained an industrial injury on September 19, 2013. He has reported headaches and has been diagnosed with traumatic brain injury with a subdural hematoma, right knee meniscal tear, spondylolisthesis L4-5. Treatment has included medications, speech therapy, occupational therapy, and physical therapy. Currently the injured worker complains of back pain that is persistent. There is a 1/13/15 progress note that states that the patient failed non-operative management for this right knee pain and will undergo a right knee arthroscopy for a right knee medial meniscal tear. The treatment plan included a cold therapy unit. Under consideration is a request for a retro cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cold Therapy Unit: 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 Index, 11th Edition (web), 2013, Knee & Leg, Knee brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy.

Decision rationale: Retro Cold Therapy Unit is not medically necessary per the ODG. The MTUS does not address cold therapy units. The ODG states that continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request does not specify a time frame for use therefore the request for retro cold therapy unit is not medically necessary.