

Case Number:	CM15-0047058		
Date Assigned:	03/19/2015	Date of Injury:	04/06/2011
Decision Date:	04/24/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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, Georgia
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:

This 45 year old male sustained an industrial injury to the right knee on 4/6/11. The injured worker underwent right lateral unicompartmental knee arthroplasty and patello-femoral arthroplasty on 10/27/14 without complication. The injured worker received postoperative physical therapy, medications, a cold therapy unit and home health. In a PR-2 dated 12/23/14, the injured worker complained of slight pain to the right knee with overall improved condition. Physical exam documentation was illegible. Current diagnoses included right knee osteoarthritis. The treatment plan included additional 28 day rental of cold therapy unit with compression for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 28 day rental of cold therapy unit with compression for the right knee: 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), Knee & Leg, Continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Flow Cryotherapy.

Decision rationale: The ACOEM chapter on knee complaints is clear that the home application of simple hot or cold packs by the patient is as effected as those performed by a therapist. Official Disability Guidelines section on knee states that continuous flow cryotherapy is indicated for short term (up to 7 days, including home use) use after surgery but is not indicated for non-surgical treatment. The use of a cold therapy unit with compression for an additional 28 days is not demonstrated to be clinically superior to use of simple hot or cold packs and is not medically indicated. Therefore, this request is not medically necessary.