

Case Number:	CM15-0048433		
Date Assigned:	03/20/2015	Date of Injury:	05/06/2013
Decision Date:	05/12/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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 62-year-old who has filed a claim for chronic wrist, knee, and neck pain reportedly associated with an industrial injury of May 6, 2013. In a Utilization Review report dated February 16, 2015, the claims administrator partially approved a request for postoperative cold therapy knee device as a seven-day rental of the same. The claims administrator referenced an RFA form dated February 9, 2015 and an operative report of January 27, 2015 in its determination. The applicant's attorney subsequently appealed. On September 11, 2014, authorization was sought for a partial knee meniscectomy procedure along with a cold therapy device at issue. On January 27, 2015, the applicant underwent a knee diagnostic arthroscopy, partial meniscectomy, chondroplasty, and synovectomy procedure. The applicant was placed off work, on total temporary disability, on February 9, 2015. In a RFA form of February 9, 2015, the treating provider sought retrospective authorization for the cold therapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Cold Therapy 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 ODG Knee & Leg (updated 02/05/15).

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: No, the request for a postoperative cold therapy device for the knee was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Knee Chapter Continuous Flow Cryotherapy topic notes that continuous flow cryotherapy should be reserved for postoperative use purposes for up to seven days. Here, thus, the request to purchase the device in question represents treatment in excess of ODG parameters. No rationale for such usage was furnished by the attending provider. It was not stated why the applicant needed to use the device on a long-term or purchase basis following a relatively minor, uncomplicated arthroscopy procedure of January 27, 2015. Therefore, the request was not medically necessary.