

Case Number:	CM15-0057823		
Date Assigned:	04/02/2015	Date of Injury:	09/14/2010
Decision Date:	05/08/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 9/14/10. He reported low back pain that radiated to the left thigh. The injured worker was diagnosed as having right shoulder acromioclavicular joint separation, right shoulder rotator cuff syndrome, right rotator cuff partial tear, right supraspinatus rotator cuff rupture, left knee Osgood-Schlatter's disease, and left knee medial meniscal tear. On 7/22/14 the injured worker underwent a left knee arthroscopy with synovectomy, chondroplasty, and steroid injection. Treatment to date has included chiropractic treatment, physical therapy, a left knee Cortisone injection, and TENS. Currently, the injured worker complains of right shoulder tenderness and left knee tenderness. The treating physician requested authorization for Q-Tech cold therapy recovery system with wrap x21 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Q-Tech cold therapy recovery system w/ wrap x 21 day rental: 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), Shoulder - Cold compression therapy, Continuous-flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cryotherapy/Cold & Heat Packs, pages 381-382.

Decision rationale: Treatment has included the above request for Q-Tech Cold Therapy Recovery System which uses hot/cold therapies noted to combat pain and swelling while simultaneously using DVT/Compression therapy to increase blood circulation and lower risk of prophylaxis. Per Guidelines, although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing total knee or total hip arthroplasty/ replacement, it is silent on its use for arthroscopic surgery. Some identified risk factors identified include major lower limb surgeries, use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially rehabilitation to include mobility and exercise are recommended post-knee surgical procedures as a functional restoration approach towards active recovery. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated the medical necessity outside the recommendations of Guidelines criteria. The Q-Tech cold therapy recovery system w/ wrap x 21 day rental is not medically necessary and appropriate.