

<b>Case Number:</b>	CM15-0082131		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 48-year-old male, who sustained an industrial injury on 2/07/2014. Diagnoses include internal derangement right knee, status post left knee scope, left carpal tunnel syndrome and narcotic addiction. Treatment to date has included diagnostics including a left knee scope procedure (2/06/2015) and medications. Per the Primary Treating Physician's Progress Report, dated 4/07/2015 the injured worker reported left knee continued pain, popping, giving out and weakness after a left knee scope on 2/06/2015. Physical examination revealed right knee joint line tenderness and positive McMurray. The left hand had decreased sensation to the median nerve, with no thenar atrophy. The left knee exam revealed crepitus with range of motion. The plan of care included, and authorization was requested for a pain management consultation for detox, one cold therapy unit and an H-wave unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) 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), Knee and Leg Chapter, Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, diathermy.

**Decision rationale:** Cold therapy is not recommended in the knee, neck or lumbar spine. It is recommended as an option after shoulder surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The medical records do not indicate findings supporting of extenuating circumstances to support this treatment for the insured. As such, the medical records do not support use of cold therapy congruent with ODG guidelines. The request is not medically necessary.

**One (1) H-wave unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, H-wave.

**Decision rationale:** The use of interferential therapy is not supported by ODG guidelines. The medical records provided for review do not indicate any mitigating condition or findings to support use of this therapy. The medical records do not indicate findings supporting of extenuating circumstances to support this treatment for the insured. As such, the medical records do not support the use of H-wave therapy congruent with ODG. The request is not medically necessary.