

Case Number:	CM15-0087656		
Date Assigned:	05/11/2015	Date of Injury:	06/24/2014
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/07/2015

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 44-year-old [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 24, 2014. In a Utilization Review report dated April 17, 2015, the claims administrator denied a Q-tech cold therapy system with associated wrap-21-day rental. Crutches, however, were approved. A March 31, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant underwent a right knee arthroscopy, partial medial meniscectomy, chondroplasty, synovectomy, lysis of adhesions, and manipulation of the knee, intraarticular injection to ameliorate preoperative diagnosis of meniscal tear, synovitis, and chondromalacia.

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 with Wrap, 21 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Q-tech cold therapy recovery system with associated wrap, a form of continuous flow cryotherapy, 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 is recommended for postoperative use purposes, for up to seven days. Here, thus, the request for 21 days of postoperative usage, in effect, represents treatment in excess of ODG parameters. The attending provider failed to furnish a compelling rationale for selection of this particular modality at a rate significantly in excess of ODG parameters. Little-to-no narrative commentary accompanied the Request for Authorization. Therefore, the request was not medically necessary.