

Case Number:	CM14-0156973		
Date Assigned:	09/29/2014	Date of Injury:	11/16/2005
Decision Date:	10/27/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old male was injured 11/16/05. A left total knee arthroplasty was requested and approved. As well a cold therapy unit was requested and modified to a total use of 7 postoperatively days. This is an appeal of that decision as the request was open ended for duration of number of days of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

E0218 cold therapy unit Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 9th Edition (web), 2011, Shoulder-Continuous flow cryotherapy.

Decision rationale: Postoperative use generally may be up to 7 days, including home use. The request for cryotherapy the first seven post op days after shoulder surgery has been proven to be beneficial as per evidence-based medical Guidelines. Therefore, E0218 cold therapy unit for a non designated period of time is not medically necessary.

