

Case Number:	CM14-0162335		
Date Assigned:	10/07/2014	Date of Injury:	02/25/2009
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic 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 is a 60-year-old male who sustained a trip and fall injury at work on 02/25/09. The documentation dated 08/25/14 was a medical evaluation and workers compensation appeal board letter that documented the claimant is status post right total knee arthroplasty and subsequent revision surgery and also diagnosed with osteoarthritis of the left knee status post successful total knee replacement. The office note dated 05/02/14 noted that the claimant complained of intermittent pain in both knees and a tingling sensation of the lower extremities that was aggravated by walking. It was also documented that the claimant had some degree of dementia and was unable to express himself normally. Physical examination revealed an old surgical scar over the anterior knees bilaterally, stiffness of both knees, painful, limited range of motion. The claimant ambulated with the aid of a cane. The diagnosis was status post bilateral total knee arthroplasty. The documentation provided for review does not indicate that there has been any recent surgical intervention or plans for any recent surgical intervention for the claimant. The current request is for motorized cold therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee and Leg Chapter, Continuous-flow cryotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter: Continuous-flow cryotherapy

Decision rationale: California ACOEM Guidelines recommend the application of cold to control pain and swelling. The Official Disability Guidelines note that continuous flow cryotherapy is recommended as an option after surgery but not for nonsurgical treatment. Generally, postoperative use is considered medically reasonable for up to seven days in the setting of lower extremity surgery. Currently, there is no documentation that there is upcoming surgery or that the claimant has had recent surgery to establish the medical necessity of the requested durable medical equipment. Continuous flow cryotherapy is not recommended as medically necessary in the non-operative setting. Subsequently, the request for the motorized cold therapy cannot be considered medically necessary.