

Case Number:	CM14-0162528		
Date Assigned:	10/07/2014	Date of Injury:	08/22/2004
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
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 (Spine Fellowship Trained); 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:

According to the records made available for review, this is a 53-year-old female with an 8/22/04 date of injury, and Left Knee Arthroscopic Synovectomy and Chondroplasty on 6/10/10. At the time (8/11/14) of request for authorization for the purchase of a hot/cold therapy wrap with compression therapy garment for the left knee, there is documentation of subjective (knee pain) and objective (and tenderness over the medial joint line with weakness to resisted function) findings, current diagnoses (internal derangement of bilateral knees), and treatment to date (medications, hyalgan injections, and physical therapy). There is no documentation that the patient has a high risk of developing venous thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a Hot/Cold Therapy Wrap with Compression Therapy Garment for the Left Knee: 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 Official Disability Guidelines (ODG) Knee Chapter, Cold Compression Therapy; Venous Thrombosis; Continuous-flow Cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that Cold Compression Therapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of mechanical compression therapy. Furthermore, ODG identifies that Continuous-Flow Cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of internal derangement of bilateral knees. However, there is no documentation that the patient has a high risk of developing venous thrombosis. In addition, the request for the purchase of a hot/cold therapy wrap with compression therapy garment for the left knee exceeds guidelines (up to 7 days post-op). Therefore, based on guidelines and a review of the evidence, the request for the purchase of a hot/cold therapy wrap with compression therapy garment for the left knee is not medically necessary.