

Case Number:	CM14-0182406		
Date Assigned:	11/07/2014	Date of Injury:	09/17/2007
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/03/2014

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 Surgeon and is licensed to practice in Minnesota. 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:

The injured worker is a 56 year old female with a history of left knee injury in the year 2007. Current problems include MRI evidence of a horizontal signal in the posterior horn of the medial meniscus and patellar subluxations. There is positive patellar apprehension sign. She has failed non-operative treatment and is certified for a diagnostic arthroscopy with possible meniscal repair and a subcutaneous lateral retinacula release. The disputed issue pertains to purchase of a cold therapy unit for post-operative use. UR authorized 7 day rental of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: DME: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Continuous flow cryotherapy

Decision rationale: California MTUS does not address post-operative cryotherapy after knee surgery. ODG guidelines recommend continuous flow cryotherapy as an option after knee

surgery for up to 7 days including home use. It reduces the need for narcotics and reduces swelling and inflammation. Usage beyond 7 days is not recommended and therefore purchase of the unit is not medically necessary. The request has been modified by UR to 7 day rental which is appropriate. In light of the above the request for DME: cold therapy unit as written is not medically necessary.