

Case Number:	CM14-0048334		
Date Assigned:	07/09/2014	Date of Injury:	01/20/1998
Decision Date:	08/21/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 a 1/20/98 date of injury and status post arthroscopy of the right knee with partial medial and lateral meniscectomies and debridement of patellofemoral and primary lateral compartments on 3/12/14. At the time (2/25/14) of request for authorization for 21 day rental for Compression Cold therapy Device, there is documentation of subjective (right knee pain) and objective (not specified) findings, current diagnoses (medial meniscus tear of the right knee), and treatment to date (right knee arthroscopy). There is no documentation that the patient is at a high risk of developing venous thrombosis and the proposed duration of the requested Compression Cold therapy Device exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

21 day rental for Compression Cold therapy Device: 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), Knee & Leg (Acute & Chronic).

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: The MTUS does not address this issue. The 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 tear of the medial meniscus. In addition, there is documentation that the patient is status post arthroscopy of the right knee with partial medial and lateral meniscectomies and debridement of patellofemoral and primary lateral compartments on 3/12/14. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, the proposed duration of the requested Compression Cold therapy Device exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 21 day rental for Compression Cold therapy Device is not medically necessary.