

Case Number:	CM14-0086041		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2010
Decision Date:	09/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55 year old female was reportedly injured on May 11, 2010. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of shoulder pain and knee pain. The physical examination demonstrated decreased range of motion of the left shoulder, positive Neer's test, Hawkin's test, positive Jobes test, and tenderness at the left shoulder acromioclavicular (AC) joint. There was a normal examination of both knees. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right knee surgery, physical therapy, acupuncture, chiropractic care, and Naprosyn. A request was made for the use of a cold therapy unit for seven days and was not certified in the preauthorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for 7 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous Flow Cryotherapy, Updated August 25, 2014.

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Knee and Leg, Continuous Flow Cryotherapy. The Expert Reviewer's decision rationale: According to the Official Disability Guidelines, "post-operative use of a cold therapy unit is recommended for seven days to reduce pain, swelling, and the need for narcotic medications." The medical records indicate that the injured employee has been approved for a right knee meniscectomy, debridement, and synovectomy. Considering this, the request for a cold therapy unit for seven days is medically necessary.