

Case Number:	CM14-0193358		
Date Assigned:	12/01/2014	Date of Injury:	04/11/2014
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 New York. 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 patient has a date of injury of April 11, 2014. The patient is a 29-year-old who fell and sustained an injury to the right wrist and right knee. The patient had physical therapy which did not help. The patient had diagnostic knee arthroscopy and partial meniscectomy with synovectomy September 2014. MRI of the right knee from June 2014 shows posterior medial meniscus contusion with a small tear. There was no ligamentous tear. On physical examination the patient has pain in the right wrist with tenderness of the right wrist. There is decreased range of motion of the right wrist. Right knee exam shows clicking sensation with range of motion. There is no weakness or instability around the knee. There is no neuropathic or radicular pain. Right knee is noted to have full function without significant limitations. Gait is normal. There is mild swelling about the knee. The patient is diagnosed with strain of the right knee contusion of the right knee and contusion of the right wrist. At issue is whether cold compression unit 14 day rental is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Vascutherm cold compression x 14 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Flow Cryotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG knee chapter

Decision rationale: ODG guidelines do not recommend the use of cold therapy beyond 7 days. 14 day rental of cold therapy is excessive and not supported by guidelines. Literature does not support improved outcomes of 14 days of cold therapy with knee injuries or wrist injuries. This device is not medically necessary.