

Case Number:	CM14-0210652		
Date Assigned:	12/23/2014	Date of Injury:	04/30/2009
Decision Date:	03/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 66-year-old female who reported an injury on 04/30/2009. The mechanism of injury was not provided. She was diagnosed with osteoarthritis of the knee. Her past treatments were noted to include medication and surgery. The injured worker was certified for left total knee arthroplasty. On 11/06/2014, the injured worker reported left knee pain and indicated the knee gives out on her. Upon physical examination, she was noted to have tenderness of the medial joint line and active range of motion on the left for flexion was normal; flexion contracture of 5 to 7 degrees. Her current medications were not provided. The treatment plan included a left TKA, labs, chest x-ray, and physical therapy. A request was submitted for Associated surgical service: Cold therapy unit with pads; however the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Cold therapy unit with pads: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Knee & Leg chapter, Continuous-flow cryotherapy

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

Decision rationale: The request for Associated surgical service: Cold therapy unit with pads is not medically necessary. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, for up to 7 days including home use. The clinical documentation indicated that the injured worker was certified for a total knee arthroplasty. However, the request does not provide a frequency and duration of the cold therapy unit and the guidelines only recommend up to 7 days, including home use after surgery. Furthermore, it is unclear if the injured worker had completed surgery. As the request for the cold therapy unit is not warranted, the pads are not warranted either. Therefore, the request is not supported by the guidelines. As such, the request for Associated surgical service: Cold therapy unit with pads is not medically necessary.