

Case Number:	CM14-0211045		
Date Assigned:	12/23/2014	Date of Injury:	09/09/2013
Decision Date:	02/27/2015	UR Denial Date:	12/05/2014
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: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of September 9, 2013. A utilization review determination dated December 5, 2014 recommends noncertification for the purchase of a cold therapy unit for the right knee. Noncertification was recommended since a purchase is not appropriate for post operative use. A progress report dated November 17, 2014 identifies subjective complaints of temporary relief of symptoms following a steroid injection. The right knee pain has since recurred. The patient was seen by an orthopedic surgeon in consultation. Objective examination findings reveal tenderness around the right medial and lateral joint lines and positive right knee McMurray's sign. Diagnoses include right knee internal joint arrangement, history of left knee arthroscopic surgery, mild underlying bilateral knee degenerative joint changes, and chronic lumbar sprain/strain. The treatment plan recommends arthroscopy due to failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit for Purchase Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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 Chapter, Continuous-flow cryotherapy

Decision rationale: Regarding the request for Cold Therapy Unit for Purchase Right Knee, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, it appears knee surgery is being considered. However, there is no documentation that the surgery has been approved. Additionally, the purchase of a continuous-flow cryotherapy unit is not supported by ODG and a modification to this request cannot be made. In light of the above issues, the currently requested Cold Therapy Unit for Purchase Right Knee is not medically necessary.