

Case Number:	CM14-0216400		
Date Assigned:	01/06/2015	Date of Injury:	05/11/2011
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

61 yr. old female claimant sustained a work injury on 5/14/11 involving the left knee and hip. She underwent a menisectomy in September 2011. She had undergone physical therapy and 3 knee injections. She was diagnosed with degenerative arthritis of the left hip as supported by an x-ray on 7/23/14. A progress note on 12/3/14 indicated the claimant had decreased range of motion of the left hip and 7/10 pain. There was severe joint pain and weakness. The physician recommended a hip arthroplasty and the use of a cold therapy unit post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit.: 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-TWC)

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

Decision rationale: According to the guidelines, cold therapy is recommended for decreasing swelling but did not affect pain for osteoarthritis. In this case, the length of use for the cold therapy unit was not specified. Response to surgery and whether the claimant has pain or swelling is not known. Advanced request for a cold therapy unit is not medically necessary.