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| Case Number: | CM15-0008637 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 09/01/2010 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 09/01/2010. The mechanism of injury was the injured worker was sitting on a chair at her desk and bent over to pick up a glue stick, and the chair she was sitting on moved out from under her, and the injured worker fell on her right side. The injured worker was noted to undergo a total knee arthroplasty on 11/19/2014. Prior treatments included surgical interventions, MRI, and bracing. The injured worker underwent a left knee arthroscopic surgery in 2005, and right knee arthroscopic surgery in 1997.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Compression Unit for an Additional 16 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 (ODG), 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 Chapter, Continuous Flow Cryotherapy.

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for a total of 7 days postoperatively. The clinical documentation submitted for review failed to provide documentation of exception factors to warrant non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the quantity of days previously utilized, and the body to be treated. The request as submitted failed to indicate the dates for the requested service. Given the above, and the lack of documentation, the request for a cold compression unit for an additional 16 day rental is not medically necessary.