

Case Number:	CM15-0176806		
Date Assigned:	09/28/2015	Date of Injury:	06/11/2011
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 30 year old female, who sustained an industrial injury on 6-11-2011. The medical records indicate that the injured worker is undergoing treatment for right medial meniscus tear. According to the progress report dated 8-18-2015, the injured worker presented with complaints of severe, intermittent-to-constant right knee pain, associated with weakness, swelling, and sharp, jabbing pain. The level of pain is not rated. The physical examination did not reveal any significant findings. The current medications are Naprosyn. Previous diagnostic studies include x-rays and MRI studies. Treatments to date include medication management, brace, and physical therapy. Work status is described as currently working with restrictions. The treatment plan included right knee arthroscopy with medial meniscectomy versus repair. The original utilization review (9-1-2015) had non-certified a request for cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit, unspecified rental or purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, 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 and Leg Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.