

Case Number:	CM15-0177729		
Date Assigned:	09/18/2015	Date of Injury:	05/15/2007
Decision Date:	10/21/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/09/2015

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 54 year old male who sustained an industrial injury May 15, 2007. Past history included status post diagnostic and operative arthroscopy, partial medial meniscectomy, partial lateral meniscectomy, extensive synovectomy and chondroplasty, left knee October 21, 2014 and status post left knee replacement June 1, 2015, hypertension, and diabetes. According to a treating physician's orthopedic consultation dated May 7, 2015, the injured worker presented with pain in his left knee rated 9-10 out of 10, with difficulty walking after 5 minutes and pain at rest. Physical examination revealed varus malalignment of the bilateral lower extremities; tricompartmental tenderness and antalgic gait pattern. Diagnosis is tricompartmental osteoarthritis, bilateral knees. Treatment plan included the request for left total knee replacement, pre-operative medical evaluation, blood work, post-operative physical therapy, a front wheeled walker, elevated commode seat, and at issue, a request for authorization for a cooling unit 3 week rental. According to utilization review dated August 14, 2015, the request for a cooling rental unit for three weeks was modified to a cooling unit certified for a seven day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cooling Rental Unit x 3 Weeks: 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 in Workers' Comp, 20th Edition, 2015 Updates: Knee Chapter - Continuous Flow Cryotherapy Units.

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 exceeds this number of days. Therefore the determination is not medically necessary.