

Case Number:	CM15-0178810		
Date Assigned:	09/21/2015	Date of Injury:	03/18/2015
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee, low back, hip, and shoulder pain reportedly associated with an industrial injury of March 18, 2013. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for a cold unit 1-month rental. The claims administrator referenced a July 10, 2015 office visit in its determination. The request was framed as a request for postoperative usage of a cryotherapy device following a planned knee arthroscopy procedure. The claims administrator did not, it is incidentally noted, issue a partial approval. On July 10, 2015, the attending provider sought authorization for knee arthroscopy to include osteochondral debridement and drilling of osteochondral defect and fracture. The applicant was placed off of work, on total temporary disability, while Motrin and Tramadol were renewed. Twenty-four sessions of postoperative physical therapy and 1-month usage of a cryotherapy device were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold unit 1 month 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), 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, Continuous - flow cryotherapy.

Decision rationale: No, the request for a cold unit 1-month rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Knee Chapter Continuous-flow Cryotherapy topic does recommend continuous-flow cryotherapy as an option after knee surgery, as was planned here, ODG qualifies its position by noting that postoperative usage should be limited to 7 days of postoperative use. The request for a 1-month rental of the cold unit following planned knee arthroscopy, thus, was at odds with the ODG position on the same. Therefore, the request is not medically necessary.