

Case Number:	CM15-0060613		
Date Assigned:	04/06/2015	Date of Injury:	09/04/2013
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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
 Certification(s)/Specialty: Internal 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 injured worker is a 37 year old female who sustained an industrial injury on September 4, 2013. She has reported injury to the right knee and has been diagnosed with sprain/strain of the knee/leg, pain in joint lower leg, unspecified internal derangement of knee, and tear of medial cartilage or meniscus of knee, current. Treatment has included medical imaging, medications, surgery, and physical therapy. Currently the injured worker rates her pain to the right knee a 4/10. The treatment request included a cold therapy unit for seven days, rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient durable medical equipment (DME) for Cold therapy unit (no specification on 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 (ODG), Cryotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Cryotherapy, Continuous-flow cryotherapy.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cold therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that passive modalities without exercise program is not recommended. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. The operative report documented the performance of right knee arthroscopic surgery on 2/27/15. The request for authorization dated 3/5/15 requested outpatient durable medical equipment (DME) cold therapy unit. There was no specification of rental or purchase. There was no specification of the duration of use. Official Disability Guidelines (ODG) indicate that the postoperative use of continuous-flow cryotherapy is generally limited to 7 days. Because the request did not specify a time limit on the duration of use, the request for a cold therapy unit is not supported by ODG guidelines. Therefore, the request for cold therapy unit is not medically necessary.