

Case Number:	CM15-0061475		
Date Assigned:	04/07/2015	Date of Injury:	04/26/2009
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, California
 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(n) 55 year old female, who sustained an industrial injury on 4/26/09. The injured worker was diagnosed as having left knee meniscal tear, right knee arthroplasty on 3/11/13 and left knee strain due to overcompensation. Treatment to date has included a home exercise program, a left knee MRI and pain medications. As of the PR2 dated 3/4/15, the injured worker reports 7/10 pain in the right knee, 5/10 pain in the left knee and 5/10 lower back pain. She is waiting for authorization for a left knee arthroscopy. The treating physician noted patellofemoral crepitus in the left knee and a positive McMurray's test. The treating physician requested a four week rental of a micro cool unit and a rental or purchase of a pneumatic compression device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) weeks rental of micro cool unit: 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 for Workers Compensation, Knee and Leg Chapter, 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: DME for application of cold therapy such as continuous cold cryotherapy is indicated for up to 7 days post-operatively. The records do not provide a rationale for an exception such as the current request for a 4 week rental. Thus this request is not supported by the treatment guidelines. The request is not medically necessary.

Request for one (1) purchase or rental of pneumatic compression device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Venous Thrombosis.

Decision rationale: ODG recommends identifying patients at high risk of venous thrombosis and providing applicable prophylactic measures. In this case the records do not clearly document the nature of such risks and do not specify the duration of such requested treatment. Thus the guidelines have not been met; this request is not medically necessary.