

Case Number:	CM15-0064617		
Date Assigned:	04/20/2015	Date of Injury:	11/12/2014
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 53 year old male, who sustained an industrial injury on November 12, 2014. The injured worker has been treated for neck, left wrist, right knee and ankle complaints. The diagnoses have included left wrist sprain, cervical radiculopathy, cervical disc bulges, cervical spine sprain/strain, strain of trapezius muscle, chondromalacia right knee, torn medial meniscus right knee, degenerative joint disease right knee and left first carpometacarpal joint osteoarthritis and synovitis. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated March 2, 2015 notes that the injured worker reported neck, right knee and left wrist pain. Physical therapy was noted to be helping the neck pain. Physical examination of the cervical spine revealed paraspinal muscle tenderness bilaterally. Range of motion was noted to be full but painful. Examination of the left wrist and right knee showed diffuse tenderness and a guarded and decreased range of motion. The treating physician recommended outpatient right knee arthroscopy surgery. The treating physician's plan of care included a request for a cold therapy unit rental times thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Therapy Unit 30 Day 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, 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 is for 30 days. Therefore the request is not medically necessary.