

Case Number:	CM15-0070938		
Date Assigned:	04/21/2015	Date of Injury:	05/01/2014
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 57 year old female, who sustained an industrial injury on 05/01/2014. On provider visit dated 03/20/2015 the injured worker has reported bilateral knee pain. On examination of the good range of motion of bilateral hip, decreased range of motion was noted on knees with moderated crepitus noted. The diagnoses have included degenerative arthritis of knee. Treatment to date has included medication, home exercise program, and injections. The provider requested cold therapy unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg procedure summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (acute & chronic) chapter, Continuous-flow cryotherapy.

Decision rationale: The 57 year old patient complains of increased bilateral knee pain and has been diagnosed with degenerative arthritis of the knee, as per progress report dated 03/20/15. The request is for COLD THERAPY UNIT PURCHASE. The RFA for this case is dated 03/19/15, and the patient's date of injury is 05/01/14. Diagnoses, as per progress report dated 10/02/14, included cervical musculoligamentous sprain/strain with upper extremity radiculitis and spondylosis, thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with attendant spondylosis, and bilateral knee sprain/strain. The patient is status post Effluxa injection, as per progress report dated 01/27/15. The patient is working regular duty, as per progress report dated 03/20/15. ODG guidelines, chapter 'Knee & Leg (acute & chronic)' and topic 'Continuous-flow cryotherapy', state "Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." In this case, the treating physician requests for a "cryo unit to knee" in progress report dated 03/20/15 but does not explain the actual purpose. There is no indication of an impending surgery. ODG guidelines do not recommend it for nonsurgical treatments and only short-term use is recommended for post-op limiting it to 7 days. Hence, the request for a purchase IS NOT medically necessary.