

Case Number:	CM15-0075026		
Date Assigned:	04/24/2015	Date of Injury:	11/11/2014
Decision Date:	05/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 injured worker is a 63 year old male, who sustained an industrial injury on November 11, 2014, incurring injuries to the right knee after twisting his right leg. He was diagnosed with a medial meniscus tear and effusion of the right knee. Treatment included physical therapy, bracing, work restrictions and pain medications. Currently, the injured worker complained of persistent right knee pain and was recommended for knee surgery. The treatment plan that was requested for authorization included purchase of a cold therapy unit post right knee arthroscopy, meniscectomy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit purchase post Right knee arthroscopy, meniscectomy, chondroplasty:

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Continuous flow cryotherapy.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and recommend that use of such a unit be limited to 7 days post operative. With the limited time of Guideline, recommended use there is no documented need to purchase such a unit vs. a 1-week rental. Under these circumstances, the Cold therapy unit purchase post Right knee arthroscopy, meniscectomy, chondroplasty is not medically necessary.