

Case Number:	CM15-0075416		
Date Assigned:	04/27/2015	Date of Injury:	02/28/2005
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
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: 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 34-year-old female, who sustained an industrial injury on 2/28/05. The injured worker has complaints of chronic pain in the cervical and lumbar spines with radiation of pain to the left lower extremity. The diagnoses have included lumbosacral radiculopathy and cervical sprain/strain. Treatment to date has included norco, zanaflex and fiorinal; left knee surgery; right shoulder surgery; injections and magnetic resonance imaging (MRI). The request was for 14-day rental post op cold therapy unit for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Day rental post op cold therapy unit for the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM/ODG hip and pelvis 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 non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request of 14 exceeds the recommended amount of days. Therefore, the determination is for non-certification. The request IS NOT medically necessary.