

Case Number:	CM15-0094918		
Date Assigned:	05/21/2015	Date of Injury:	02/26/2015
Decision Date:	06/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/15/2015

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, Indiana, Oregon
 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 44-year-old male, who sustained an industrial injury on 2/26/15. He reported jumping off a wall and injuring his right knee. The injured worker was diagnosed as having right knee strain. Treatment to date has included physical therapy, a right knee x-ray showing no abnormal results and a right knee MRI on 3/16/15. As of the PR2 dated 4/13/15, the injured worker reports right knee pain with locking and catching. Objective findings include full range of motion in the right knee and a positive McMurray's sign. The treating physician recommended a diagnostic arthroscopy of the right knee. The treating physician requested a cold therapy unit for 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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. The definition of DME is that it can be utilized as a rental for subsequent patients. In this case, the request is for purchase and is therefore not medically necessary.