

Case Number:	CM14-0100317		
Date Assigned:	07/30/2014	Date of Injury:	07/29/2013
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee arthroscopy; and unspecified amounts of physical therapy. The applicant apparently underwent a knee arthroscopy on January 6, 2014. On that day, a continuous cooling and heating device with associated supplies were apparently dispensed. In a Utilization Review Report dated June 18, 2014, the claims administrator retrospectively denied the cooling the heating therapy device. The applicant's attorney subsequently appealed. The operative report of January 6, 2014 was reviewed. The applicant did undergo a partial lateral meniscectomy, chondroplasty, removal of loose bodies, tricompartmental synovectomy, and subtotal medial meniscectomy surgery. The hot unit, cold unit, and crutches were also dispensed via an order dated January 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Right Knee Cold/Hot Therapy Unit (DOS1/6/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Section (Continuous Flow Cryotherapy).

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 topic ODG Shoulder Chapter, Continuous-flow Cryotherapy topic.

Decision rationale: The MTUS does not address the topic of continuous cooling devices. While ODG's Knee Chapter, Continuous-flow Cryotherapy topic does recommend postoperative usage of continuous-flow cryotherapy for up to seven days, in this case, however, the attending provider seemingly dispensed the device at issue, for purchase purposes. This was not indicated, as ODG'S Shoulder Chapter Continuous-flow Cryotherapy topic notes that long-term usage of the same can result in complications such as frostbite. Therefore, the request is not medically necessary.

Retrospective Request: Right Knee Pad for Cold/Hot Therapy Unit (DOS 1/6/2014):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee Section (Continuous Flow Cryotherapy).

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 topic.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.