

Case Number:	CM14-0143166		
Date Assigned:	09/23/2014	Date of Injury:	11/03/2011
Decision Date:	10/22/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with an 11/3/11 date of injury. At the time (8/11/14) of request for authorization for 7 day rental of a Polar Care Unit for the right knee, there is documentation of subjective (right knee anterior cruciate ligament (ACL) tear with ongoing instability and burning sensation over the right anterior leg) and objective (positive anterior drawer sign) findings, current diagnoses (right knee ACL tear), and treatment to date (knee brace, physical therapy, and medication). Medical report identifies a request for right knee ACL reconstruction that has been certified/authorized on 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 Day Rental of A Polar Care Unit for The Right Knee: Overturned

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

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

Decision rationale: MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use.

Within the medical information available for review, there is documentation of a diagnosis of right knee ACL tear. In addition, there is documentation of a request for right knee ACL reconstruction that has been certified/authorized on 8/27/14. Therefore, based on guidelines and a review of the evidence, the request for 7 Day Rental of A Polar Care Unit for The Right Knee is medically necessary.