

Case Number:	CM13-0043159		
Date Assigned:	12/27/2013	Date of Injury:	12/13/2011
Decision Date:	04/02/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/31/2013

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: New York
 Certification(s)/Specialty: Neurological 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 55 year old male who sustained a work related injury on December 13, 2011, incurring left knee injuries. Diagnosis included internal derangement and meniscus tear of the left knee. On April 23, 201, a Magnetic Resonance Imaging (MRI) revealed a medial meniscus tear. He failed conservative treatment and on August 4, 2013, underwent a left knee arthroscopic with partial medical meniscectomy and chondroplasty. On September 27, 2013, a request for Hat-Trick Pro Therapy System, 21 day home use rental; Purchase of a Universal Therapy Wrap; and purchase of a half leg wrap and crutches was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

HAT-TRICK PRO THERAPY SYSTEM, 21 DAY HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, continuous flow cryotherapy, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Cold Compression system; Continuous flow cryotherapy.

Decision rationale: According to the ODG guidelines the Hat-Trick Pro Therapy System could be recommended as an option after surgery. However, the ODG guidelines not recommend the cryotherapy units be used longer than 7 days following surgery. Thus this requested treatment Hat-trick Pro Therapy System, 21 day home use is not medically necessary and appropriate.

UNIVERSAL THERAPY WRAP PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-cold/heat packs.

Decision rationale: According to the ODG guidelines the universal therapy wrap if used with the cold packs would be recommended. Ice massage compared to control had a beneficial effect on range of motion, function and knee strength. Thus, the Universal therapy wrap is medically necessary and appropriate.

HALF LEG WRAP PURCHASE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Knee and Leg Chapter.

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

Decision rationale: According to the ODG guidelines a half leg wrap if used with the cold packs would be recommended. Ice massage compared to control had a beneficial effect on range of motion, function and knee strength. Thus, a half leg wrap is medically necessary and appropriate.