

Case Number:	CM13-0043955		
Date Assigned:	12/27/2013	Date of Injury:	10/26/2010
Decision Date:	05/20/2015	UR Denial Date:	10/15/2013
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 26, 2010. In a Utilization Review report dated October 15, 2013, the claims administrator failed to approve a request for a 21-day cold compression unit and wrap. The claims administrator referenced a RFA form of October 4, 2013 in its determination. The applicant's attorney subsequently appealed. In a preoperative history and physical dated October 15, 2013, the applicant reported ongoing complaints of knee pain. The applicant was pending an ACL reconstruction procedure on October 21, 2013, it was acknowledged. A knee brace, Polar Care device, and crutches were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty One Day Rental of Post Op Cold Compression Unit And Wrap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee, Continuous-flow cryotherapy.

Decision rationale: No, the proposed 21-day postoperative cold therapy device/cold compression unit and wrap was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of postoperative cryotherapy for the knee. While ODG's Knee and Leg Chapter Continuous-Flow Cryotherapy topic does recommend continuous-flow cryotherapy as an option after surgery, ODG limits postoperative usage to seven days. Here, thus, the request for 21 days of postoperative cold compression represented treatment in excess of ODG parameters. The attending provider failed to furnish a clear or compelling applicant-specific rationale for such protracted cryotherapy. Therefore, the request was not medically necessary.