

<b>Case Number:</b>	CM13-0010550		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 35-year-old male who reported an injury on 03/21/2012. The mechanism of injury was not documented in the clinical records provided. The patient was noted to complain of persistent left knee pain. His physical exam findings included a moderate limp on the left side, with a slight lurch to the left, synovial thickening, slight effusion, definite anterior and mid medial joint line tenderness, the patella tracks with a slight lateral tilt on active flexion and extension, moderate retro patellar pain on compression testing, slight medial compartment laxity to stress testing, pain in the lateral joint with valgus stress testing, and moderate atrophy of the left thigh compared to the right. The patient was noted to have arthroscopy of the left knee on 08/09/2013 with excision of a hypertrophic nodular fat pad, chondroplasty of femoral sulcus, excision of medial suprapatellar plica, and lateral retinacular release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar Care Unit 30 day rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pages 1015-1017

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

**Decision rationale:** Official Disability Guidelines state continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use, as continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The patient was noted to have had surgery to his left knee on 08/09/2013 and request was made for a polar care unit 30 days rental. As Official Disability Guidelines recommend postoperative continuous-flow cryotherapy for a maximum of 7 days, the request for a 30 days rental is not supported by guidelines. Therefore, the requested service is non-certified.