

<b>Case Number:</b>	CM13-0020173		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/21/2006
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### 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 Occupational Medicine and is licensed to practice in New York. 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:

This claimant has right knee pain and is pending a total knee arthroplasty. She has had steroid injections and viscosupplementation to date. This cold therapy unit is requested for post-op care management after her knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of a PolarCare cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

**Decision rationale:** The guidelines indicate that postoperative use generally may be up to 7 days, including home use. As the ODG do not recommend use of cold therapy for longer than 7 days, the purchase of the PolarCare cold therapy unit is not medically necessary and appropriate.