

<b>Case Number:</b>	CM13-0027125		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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:

This is a 52-year-old gentleman injured in a work related accident on 10/31/12. Clinical records indicate injuries to both the right foot and the left knee. Specific to the claimant's left knee, there was documentation that a left knee arthroscopy was necessary given continued effusions following a course of conservative measures. Review of the MRI scan fails to demonstrate specific meniscal pathology. A report of a qualified medical evaluation of 12/16/13 indicated that the need for operative arthroscopy was still pending. At present, there is a request for a cryotherapy device without specification of a timeframe for use in the postoperative setting of the left knee procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COLD THERAPY UNIT FOR POST-OPERATIVE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Section, Continuous- Flow Cryotherapy and ACOEM Practice Guidelines Plus, Knee Disorders- Meniscal Tears

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Procedure, Continuous-Flow Cryotherapy

**Decision rationale:** The California MTUS Guidelines don't specifically address cold therapy in the postoperative setting. In looking at Official Disability Guidelines criteria, the purchase of a cryotherapy device for the left knee would not be indicated. Timeframe for use in this case was not documented. Guidelines would only recommend the role of cryotherapy devices for up to seven days including home use in the postoperative setting. Furthermore, on the basis of the qualified medical evaluation of December of 2013, the need for operative arthroscopy in this case has yet to have been established. This would currently negate the need for a postoperative cryotherapy device at present.