

<b>Case Number:</b>	CM13-0028728		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 case involves a claimant with an industrial injury date of 2/17/12. Authorization was given for right knee arthroscopy with possible partial lateral meniscectomy. The claimant is status post an 8/22/13 debridement of a partial ACL tear and roofplasty arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PURCHASE OF COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California ACOEM/MTUS guidelines are silent on the issue of cryotherapy, so alternate guidelines were used. According to the Official Disability Guidelines, continuous flow cryotherapy is a recommended option after surgery, but is not recommended for nonsurgical treatment. In the postsurgical setting, it may be recommended for upwards of seven days. In this case, the request is for purchase (i.e. an unspecified amount of days). As such, the necessity cannot be determined. The request is not medically necessary.

