

<b>Case Number:</b>	CM13-0034321		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/23/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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:

The patient is status post an industrial injury on 1/23/07. Status right knee arthroscopy with OATS procedure in 2011. Patient with complaint of knee pain. Office visit note from 9/25/13 demonstrates mild antalgic gait with use of cane. Request for cold therapy unit for right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DURABLE MEDICAL EQUIPMENT (DME) REQUEST FOR COLD THERAPY UNIT (RX [REDACTED] 9/6/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC Knee and Leg Procedure Summary

**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:** CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to ODG, the use of continuous flow cryotherapy is not indicated as the claimant is over 2 years from last right knee procedure. Use of cryotherapy is an option in the postoperative period but not for nonsurgical management. Therefore the determination is for non-certification.

