

<b>Case Number:</b>	CM13-0034891		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/09/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/11/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 05/09/2011 after she tripped over a handicap ramp causing injury to her left knee. The patient's prior treatments included physical therapy, chiropractic care, laser treatment, injections, icing, and anti-inflammatories. The patient underwent an MRI that revealed degenerative changes to the medial and lateral menisci, pretibial and prepatellar bursitis, and a grade 3 chondromalacia. The patient's most recent physical examination findings included persistent pain of the left knee with significant medial joint line tenderness and a positive McMurrays' test with mild joint effusion. The patient's treatment plan included left knee arthroscopy, partial medial and lateral meniscectomy, and plica excision

### IMR ISSUES, DECISIONS AND RATIONALES

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

**purchase of a PolarCare unit and supplies:** 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), Knee and Leg Procedures.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The requested purchase of a PolarCare unit and supplies is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient underwent surgical intervention that would require postsurgical management. ODG recommend the use of a continuous cryotherapy machine for up to 7 days post-surgically. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested purchase of a PolarCare unit and supplies is not medically necessary or appropriate.