

<b>Case Number:</b>	CM13-0037827		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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 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 is a 5'11", 200 lbs., 62 year-old male who was injured on 6/4/10 when he fell off a cage. He has been diagnosed with right knee DJD (Degenerative Joint Disease) and his physician has recommended total knee replacement surgery. The physician has recommended a 14-day rental for a cold therapy unit for post-op use, but this was modified by [REDACTED] on 9/23/13 to allow a 7-day rental. The 12/3/13 medical report again requests a 14-day rental, but does not provide any rationale.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Cold Therapy unit for fourteen days rental, for post-operative right knee:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition and Official Disability Guidelines : Chapter Knee/Leg, Web Edition.

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

**Decision rationale:** MTUS/ACOEM did not discuss continuous-flow cold therapy units, so ODG (Official Disability Guidelines) were consulted for the knee. ODG (Official Disability Guidelines) specifically states these can be used after surgery "Postoperative use generally may be up to 7 days, including home use." The request for 14-days will exceed the ODG recommendations. Therefore, Decision for Cold Therapy unit for fourteen days rental, for post-operative right knee is not medically necessary and appropriate.