

<b>Case Number:</b>	CM13-0043039		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 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:

The patient is a 54-year-old female who reported injury on 03/03/2010. The mechanism of injury was stated to be the patient got knee-bumped in the left kneecap. The patient was noted to have a left knee total arthroplasty on 10/07/2013. The request was made for a Thermacure 2 with pads for postop care. The patient's diagnosis was noted to be left knee osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacure 2 with pad for post-op care for a TKR (total knee replacement): 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).

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

**Decision rationale:** Official Disability Guidelines recommend continuous flow cryotherapy for 7 days. The patient was noted to have a left knee total arthroplasty on 10/07/2013. Per the submitted request, there was a lack of documentation indicating the quantity of days being requested. Given the above, the request for Thermacure 2 with pad for post-op care for a TKR (total knee replacement) is not medically necessary.

