

<b>Case Number:</b>	CM13-0049700		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Family Medicine and is licensed to practice in California and 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 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 is a 58 year old male patient who sustained a work related injury on 4/18/12. The patient sustained the injury due to slip and fall incident. The current diagnoses include sprain of knee & leg, right knee osteoarthritis and status post surgery. Per the doctor's note dated 08/20/13, patient has complaints of pain in the right knee. Physical examination revealed tenderness over the medial and lateral joint lines, positive chondromalacia. Compression and McMurray's test. The patient was scheduled for a right total knee arthroplasty on 10/31/13. Per the doctor's note dated 11/12/13 patient had complaints of pain in the right knee and till awaiting for right total knee arthroplasty. Physical examination revealed tenderness over the medial and lateral joint lines and positive McMurray's test. The current medication lists was not specified in the records provided. The patient has had NCV of the Bilateral Lower Extremities and EMG of the Bilateral Lower Extremities on 04/12/13 that revealed chronic and acute L4-5 radiculopathy; MRI of the right knee on 07/9/2013 that revealed grade 3 chronic medial meniscus tear, grade lateral meniscus degeneration, joint effusion, and degenerative changes and MRI of the lumbar spine on 7/11/13 that revealed degenerative changes, disc dessication and protrusions with foraminal stenosis at L2-L3, L3-L4, L4-L5, and LS-S1. The patient underwent a right knee arthroscopic surgery on 2/27/13 and lumbar spine laminectomy /discectomy. Any operative/ or procedure note was not specified in the records provided. He has had a urine drug toxicology report on 10/02/13. The patient has received an unspecified number of the PT visits for this injury. The patient was treated with medications and physical therapy visits from 04/15/13 to 05/13/13 which provided some relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacooler pad/wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Chapter: Knee & Leg (updated 010/27/14) Continuous-flow cryotherapy, Cold/heat packs

**Decision rationale:** Per the ACOEM guidelines cited below "At-home local applications of cold packs in first few days of acute complaints; thereafter, applications of heat packs."Per the cited guidelines Continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment....The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting... There is limited information to support active vs passive cryo units..cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA." Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. Per the cited guidelines cold packs is "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004). The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function."Therefore there is minimal evidence supporting the use of cold therapy for this diagnosis. In addition any evidence of acute pain was not specified in the records provided. The rationale for not using a simple cold pack at home was not specified in the records provided. In addition it is noted in the records that pain was relieved with medications; conservative therapy and acupuncture.The patient has received an unspecified number of PT visits and acupuncture treatment for this injury till date. The records provided do not specify a detailed response to conservative measures including PT for this injury. The previous PT visit notes are not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The request for thermacooler pad/wrap is not fully established for this patient.

**Thermacooling system hot/cold compression therapy system for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 010/27/14) Continuous-flow cryotherapy Cold/heat packs

**Decision rationale:** Per the cited guidelines Continuous-flow cryotherapy is "Recommended as an option after surgery, but not for nonsurgical treatment....The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting... There is limited information to support active vs passive cryo units..cryotherapy after TKA yields no apparent lasting benefits, and the current evidence does not support the routine use of cryotherapy after TKA"Any recent detailed clinical evaluation note of the treating physician documenting significant functional deficits that would require aqua relief system was not specified in the records provided. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy and splint is not specified in the records provided.Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for thermacooling system hot/cold compression therapy system for six (6) weeks is not fully established for this patient.