

<b>Case Number:</b>	CM13-0050855		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 33 -year-old who was injured on December 31, 2012. The patient sustained a knee injury and underwent arthroscopic knee surgery on August 23, 2013. The procedure was a diagnostic arthroscopy with partial lateral meniscectomy and extensive three-compartment synovectomy/debridement. Postoperative management included physical therapy, ice, and anti-inflammatories. Retrospective request for multivac 50 degree wand with integrated cable was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One multivac 50-degree wand with integrated cable, dispensed on August 23, 2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee , Continuous Flow Cryotherapy Section, as well as the DonJoy Website; Arthrocare Sportes Medicine Section.

**Decision rationale:** Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to

decrease pain, inflammation, swelling, and narcotic usage. The multivac 50 degree wand was ordered with a DonJoy Iceman Clear Cube and McGuire loop cold pack. This unit delivers consistent cold therapy, eliminating freezing inlet temperatures. It maintains consistent and accurate temperatures. There is therefore no need for the multivac wand to monitor temperature. The request for one multivac 50-degree wand with integrated cable, dispensed on August 23, 2013, is not medically necessary.