

<b>Case Number:</b>	CM13-0053499		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/12/2008
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Therapy and Rehabilitation, 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 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:

The patient is a 64 year old with an injury date on 12/12/08. Based on the 10/07/13 progress report provided by [REDACTED], the diagnoses are: - Bilateral knee osteoarthritis/degenerative joint disease -715.16 - Status post bilateral knee replacement in May 2012 - Status post left knee arthroscopy - Status post total knee replacement on February 22, 2013 - Joint pain - 719.4 Exam on 10/07/13 showed "bilateral knee incision intact, dry, and clean. 2+ pretibial pitting edema noted on left. Bilateral knee range of motion limited by localized pain. Negative McMurray, abduction stress test, adduction stress test, Lachman's pull, Drawer's test, pivot shift test, and reverse pivot shift test are noted bilaterally. 2+ bilateral patellar crepitus and popping without locking." [REDACTED] is requesting dry ice pack. The utilization review determination being challenged is dated 10/31/13. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/13to 10/07/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DRY ICE PACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 13, 38

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following: 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; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not

**Decision rationale:** Regarding palliative tools i.e. cryotherapy, ACOEM allows usage on a trial basis with close monitoring. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. ODG recommends 7 days for postoperatively to decrease pain, inflammation, swelling, and narcotic usage. This patient presents with bilateral knee pain radiating to left lower extremity with weakness and is s/p right total knee replacement from May 2012 and left total knee replacement in February 2013. Patient has completed 20 sessions of physical therapy as of 10/7/13, and treater requests another 20 sessions. The treater has asked dry ice pack on 10/7/13, classifying it as DME but providing no rationale for request except that treater is "dispensing dry ice pack to patient." On 7/22/13, patient has swelling and edema in suprapetallar and medial joint of left knee, due to increased activity/pain in physical therapy. In this case, the treater has asked for dry ice pack, ostensibly to treat swelling in left knee stemming from intensive physical therapy. Patient is one year removed from total knee replacement surgery, however, and non-operative cryotherapy is not indicated by ODG guidelines. Recommendation is for denial. The request for Dry Ice Pack is not medically necessary.