

<b>Case Number:</b>	CM13-0054348		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Occupational Medicine 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:

This is a 45-year-old male patient with an 11/14/11 date of injury. He injured himself while cutting a drywall and felt sharp, stabbing pain in his left knee. A progress report dated on 10/18/13 indicated that the patient continued to have pain in his left knee. The patient's symptoms did not respond to conservative treatment. He also had mechanical symptoms associated with left knee pain. Objective findings revealed joint line tenderness and slightly decreased range of motion. He was diagnosed with Left knee pain, patellofemoral joint arthrofibrosis, status post left knee surgery. Treatment to date: medication management, physical therapy, cortisone injection, Left knee surgery (11/9/12). There is documentation of a previous 11/05/13 adverse determination, based on the fact that surgery was not certified, therefore the cold unit also was not certified

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**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) Continuous-flow cryotherapy.

**Decision rationale:** CA MTUS does not address this issue. ODG states that 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. The patient presented with the pain in his left knee. He had left knee surgery on 11/9/12. There was no evidence of new surgery. ODG only recommends cryotherapy as an option after surgery. Therefore, the request for cold therapy unit was not medically necessary.