

<b>Case Number:</b>	CM13-0058077		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Orthopedic Surgery 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 47-year-old male who injured his right knee on 3/11/11. The clinical records provided for review document that Utilization Review has certified anterior cruciate ligament reconstructive surgery. There is a specific post-surgical request in this case for use of a cryotherapy device in post-operative rehabilitation. The specified duration of use was not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **DME CRYOTHERAPY POST OP COLD THERAPY UNIT (UNSPECIFIED AMOUNT): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints, pages 337-339 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013.

**Decision rationale:** The ACOEM Guidelines support the application of cold packs at home for discomfort. The Official Disability Guidelines recommend the use of cryotherapy for up to seven days including home use. The medical records do not identify the length of time the claimant is to use the cryotherapy device. The Guidelines do not support the purchase of the

device or use beyond a seven day period of time. As such, the request is not medically necessary and appropriate.