

<b>Case Number:</b>	CM13-0058132		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 54-year-old male who reported an injury on July 17, 2008. The mechanism of injury was not provided. Current diagnosis is degenerative arthritis of the right knee. The injured worker was evaluated on October 10, 2013 for a flare-up of the right knee. Physical examination revealed tenderness along the medial joint line, 1+ effusion, and limited range of motion. Treatment recommendations included conservative management

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE PURCHASE OF A HOT/COLD THERAPY UNIT FOR RIGHT KNEE PAIN:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines 2nd Edition, 2008 Revision), pages 1015 - 1017, as well as the Official Disability Guidelines, Knee and Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** The Knee Complaints Chapter of the ACOEM Practice Guidelines state physical modalities have no scientifically-proven efficacy in treating acute knee symptoms. At-

home local applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. According to the documentation submitted, there is no mention of a contraindication to at-home local applications of heat or cold packs as opposed to a motorized unit. The medical necessity has not been established. The request for the purchase of a hot/cold therapy unit for right knee pain is not medically necessary or appropriate.