

<b>Case Number:</b>	CM13-0065628		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 has a subspecialty in Pain 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 63-year-old female who sustained a remote industrial injury on 07/30/12 diagnosed with status post right knee medial and lateral meniscectomy. Mechanism of injury occurred when the patient's right shoe got caught on the rubber edge of a carpet causing her right lower leg, ankle, and foot to forcefully jerk as she twisted her right knee and stumbled. This also caused the patient to twist her low back and neck. The request for 1 Purchase of Cold Therapy Unit for post operative management of the right knee was non-certified at utilization review due to guideline recommendations that a cold therapy device be used for 7 days, which causes the purchase of a device to not be warranted. The most recent progress note provided is 12/04/13. This progress report is handwritten and barely legible. It appears the patient complains primarily of right knee pain. Physical exam findings are illegible. Current medications are not listed. It is noted that the patient completed 12 sessions of postoperative physical therapy and the treating physician is requesting additional sessions. Provided documents include several supplemental reports concerning consultations with other physicians, an Operative Report dated 10/25/13 that details arthroscopic right knee surgery, physical therapy progress notes, chiropractic treatment notes, and a previous Utilization Review dated 12/30/13 that certifies 6 additional post operative physical therapy visits. The patient's previous treatments include arthroscopic right knee surgery, chiropractic therapy, acupuncture treatment, and physiotherapy. Imaging studies provided include an MRI of the right knee, performed on 07/17/13. The impression of this MRI reveals linear intra-meniscal myxoid degenerative signal intensity with the body and posterior horn of the medial meniscus with a thin non-displaced oblique linear tear involving the body and posterior horn of the medial meniscus; mild fraying/fibrillation at the inner free edge of the medial meniscal body; mild to moderate degenerative arthritic change of the medial compartment right knee and lateral and patella-femoral compartments; a small curvilinear focus

of sub-cortical trabecular stress response/bone contusion at the medial margin of the medial tibial plateau; and a small anterior right knee joint effusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Purchase of Cold Therapy Unit for post operative management of right knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment/ Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous-flow cryotherapy.

**Decision rationale:** According to ODG, 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. In this case, provided documentation highlights the patient underwent an arthroscopic right knee surgery on 10/25/13, which would warrant the rental of a device for 7 days. However, the treating physician does not provide a rationale for why a Cold Therapy Unit purchase is necessary. As guidelines do not support the purchase of a unit and other traditional modalities like a cold pack are available for purchase, medical necessity cannot be supported and the request for 1 Purchase of Cold Therapy Unit for Post Operative Management of Right Knee is not medically necessary.