

<b>Case Number:</b>	CM13-0067687		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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:

The patient is a 61 year old female who reported right knee symptoms after an injury on 07/16/09. Diagnoses included an anterior cruciate ligament tear and meniscus tear. Treatment included an ACL reconstruction and partial medial meniscectomy in 2009. A second surgery was performed on 7/26/13, including partial medial and lateral meniscectomies, debridement, and lateral release. After the surgery, a request was received for the DonJoy IceMan Clear Cube and pad. That authorization request is from 7/31/13, and does not specify a time frame for use. On 11/22/13, the Utilization Review denied the requested equipment, noting that the Official Disability Guidelines did not recommend the use of these items beyond a 7-day post-operative period.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR DONJOY ICEMAN CLEARCUBE AND PAD FOR THE 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) Knee chapter, Continuous-flow cryotherapy.

**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:** The MTUS does not provide direction for cooling units after surgery. The Official Disability Guidelines, as cited above, recommends them for up to 7 days after surgery. In this case, the request for authorization did not specify duration of use. Given that the guidelines are explicit regarding the duration of use, and that none was specified by the treating physician, the requested cooling unit and pad cannot be supported. In addition, the use of post-operative cooling devices, per recent evidence discussed in the Official Disability Guidelines, has no effect other than a temporary analgesic effect. Therefore, the retrospective request for DonJoy Iceman Clearcube and pad for the right knee are medically necessary and appropriate.