

<b>Case Number:</b>	CM13-0068072		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, 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 physician 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 54 year-old male sustained an injury to his right knee on 11/3/12 while employed by [REDACTED]. Request under consideration include Polar Care x 21 days. MRI of the right knee on 3/29/13 showed an oblique tear extending to the undersurface of the medial meniscus at junction of the posterior horn with 2-3 calcified loose bodies within the semimembranosus bursa, mild cartilage thinning of medial compartment, mild to moderate chondromalacia at patellofemoral articulation, small joint effusion and mild distal quadriceps tendinopathy. Report of 11/26/13 from provider noted patient with complaints of increasing locking sensation of right knee with exam showing ext/flex of 180/120 degrees. Request for arthroscopic knee surgery has been certified with current request for pre-operative clearance. The polar care of 21 days was partially-certified for 7 days on 12/10/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar Care x 21 days:** Upheld

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

**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, page 292.

**Decision rationale:** This 54 year-old male sustained an injury to his right knee on 11/3/12 while employed by [REDACTED]. Request under consideration include Polar Care x 21 days. MRI of the right knee on 3/29/13 showed an oblique tear extending to the undersurface of the medial meniscus at junction of the posterior horn with 2-3 calcified loose bodies within the semimembranosus bursa, mild cartilage thinning of medial compartment, mild to moderate chondromalacia at patellofemoral articulation, small joint effusion and mild distal quadriceps tendinopathy. Report of 11/26/13 from provider noted patient with complaints of increasing locking sensation of right knee with exam showing ext/flex of 180/120 degrees. Request for arthroscopic knee surgery has been certified with current request for pre-operative clearance. The polar care of 21 days was partially-certified for 7 days on 12/10/13 citing guidelines criteria and lack of medical necessity. Regarding Cold therapy, guidelines state it 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 request for authorization does not provide supporting documentation for use beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for Polar Frost x 21 days does not meet the requirements for medical necessity. MTUS Guidelines is silent on its specific use but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Polar Care x 21 days is not medically necessary and appropriate.