

<b>Case Number:</b>	CM13-0068480		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/05/2013
<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 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 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 an employee of [REDACTED] and has filed a claim for right knee sprain with tricompartmental degenerative changes and tear of the medial meniscus associated with an industrial injury date of July 27, 2012. Utilization review from December 5, 2013 modified the request for cold therapy unit rental to 7 days instead of 21 days to meet guideline criteria. Treatment to date has included medications, physical therapy, steroid injection, and knee surgery. Medical records from 2013 reviewed showing the patient complaining of persistent right knee pain exacerbated by movement and prolonged positioning. There is noted popping in the right knee. Physical exam demonstrated moderate tenderness over the posterior medial joint line as well as a mildly positive McMurray's test. The patient was noted to be approved for right knee arthroscopy, partial medial meniscectomy, chondroplasty, and debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COLD THERAPY UNIT RENTAL, 21 DAY RENTAL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg (ACUTE & CHRONIC) and 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 And Leg Chapter, Continuous Flow Cyrotherapy.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee and Leg chapter, Continuous flow cryotherapy was used instead. The Official Disability Guidelines (ODG) state that continuous-flow cryotherapy is an option after surgery and can be used for up to 7 days. In this case, the patient will be undergoing right knee surgery. However, the requested number of days for the cold therapy unit exceeds the guideline recommendations. Therefore, the request for cold therapy unit rental 21 days rental is not medically necessary.