

<b>Case Number:</b>	CM13-0071784		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Orthopedic Surgery 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:

57-year-old male with reported industrial injury on 6/15/11 after a slip and fall. Exam note demonstrates diagnosis of bilateral knee tricompartmental arthritis. Exam note 11/26/13 demonstrates patient has an antalgic gait on the right; There is a noted effusion with crepitus with limited range of motion and 4/5 quadriceps strength. Radiographic exam 11/12/13 demonstrates left knee tricompartmental arthritis and MRI right knee 3/20/11 demonstrates complex tear of the medial meniscus with severe medial tibiofemoral osteoarthritis. Report in the records of failure of physical therapy, viscous supplementation and steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: COLD THERAPY FOR THE KNEE- BILATERAL:** 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 and Leg Continuous flow cryotherapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cyrotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option

after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for non-certification.