

<b>Case Number:</b>	CM14-0004857		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Neuro-muscular Medicine, and is licensed to practice in Maryland. 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 39 year old male who has a date of work injury 6/29/12. The diagnoses include right knee internal derangement with meniscus tear and left S1 radiculopathy. There is a request for [REDACTED] Hot and Cold Contrast Therapy with Compression for a period of 60 days. There is an 11/25/13 document which states that in regards to his left knee, the patient is happy with his surgical result. He has less pain than prior to surgery. His main complaint is pain radiating down to his left leg, as well as pain in his right knee. He complains of right knee giving way. He states that standing and walking increases his pain. The physical examination reveals antalgic gait on the right side. He is unable to walk on his heels or his tiptoes secondary to pain. There is decreased sensation in left S1 distribution. Straight leg raise test is positive on the left side, negative on the right side. There is medial joint line tenderness to the right knee. McMurray's sign is present. There is weakness to the right knee extension and flexion. The treatment plan includes epidural steroid injections for the radiculopathy. In regards to his right knee pain the document states that the patient is a candidate for a right knee arthroscopy with debridement. The physician states that he would like to order the [REDACTED] Hot and Cold Contrast Therapy with Compression for a period of 60 days for pain control, reduction of inflammation and increased circulation. This Multi-modality treatment is preferred over simple ice and heat packs for the additional benefits of compression as well as increased patient compliancy temperature to prevent over icing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**██████████ HOT AND COLD CONTRAST THERAPY WITH COMPRESSION FOR 60 DAYS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 308-310

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee -continuous flow cryotherapy

**Decision rationale:** ██████████ Hot and Cold Contrast Therapy with Compression for 60 days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not specifically address mechanical cooling units but does state that in acute knee complaints an ice pack can be used at home. The ODG states that continuous flow cryotherapy is recommended as an option after surgery for up to 7 days postoperatively which includes home use. The request for ██████████ Hot and Cold Contrast Therapy with Compression exceeds this request and is not medically necessary.