

<b>Case Number:</b>	CM14-0006838		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/21/2004
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Interventional Spine 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 53 year old with an injury date on 10/21/04. Based on the 11/25/13 progress report provided by [REDACTED] the diagnosis is 6 weeks status post right knee partial knee replacement. Exam on 12/30/13 showed "right knee is in straight alignment with no laxity. Full range of motion but slight increased skin temperature with no tenderness. Patient walks with limp on left side with the knee in slight varus, swelling, increased warmth." [REDACTED] is requesting water circa pad with pump. The utilization review determination being challenged is dated 1/9/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/3/13 to 1/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WATER CIRC COLD PAD WITH PUMP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, and Continuous-flow cryotherapy.

**Decision rationale:** This patient presents with asymptomatic right knee that is slightly warm and is status/post right knee partial knee replacement from 10/2/13. The treater has asked water circ pad with pump on 12/30/13. On 6/3/13, patient is using self-applied ice therapy on knees, pre-operatively. On 11/25/13, patient is using cane for balance to exit and enter vehicle but not for discomfort, sleeping well, doing outpatient physical therapy, and continuing with at-home ice therapy. Regarding continuous flow cryotherapy for knee, ODG guidelines support 7 days of its use following knee surgery. It is also not indicated for chronic pain treatments. In this case, the treater does not indicate the duration/length for cold treatment unit and appears to request it for chronic pain management. The patient has been using conventional ice packs preoperatively as well as post-operatively. Requested water circ pad with pump is not medically necessary.