

<b>Case Number:</b>	CM14-0009055		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	07/28/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 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:

The claimant is a 65-year-old female who injured her left knee in a work related accident on 7/28/13. The 12/06/13 progress report notes continued localized complaints of the left knee for which an MRI scan demonstrated a large lateral meniscal tear with concordant findings on examination. A knee arthroscopy for further intervention was recommended. The request for surgery has been approved by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A POSTOPERATIVE COLD THERAPY UNIT FOR THE LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, 2ND EDITION, 2008, KNEE COMPLAINTS CHAPTER, 1015-1017

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 13), pages 337-339

**Decision rationale:** The ACOEM Guidelines recommend the local application of cold packs for a few days following an acute complaint, and the Official Disability Guidelines recommend that cryotherapy devices can be used acutely for up to seven days including home use following

surgical processes. In the records provided for review there is no indication for the time frame for use of the cold therapy unit following this individual's surgery to the left knee. The absence of a time frame for usage would fail to support the request at this time. As such, the request is not medically necessary.