

<b>Case Number:</b>	CM14-0009875		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old female, who has submitted a claim for Right Knee Internal Derangement with Chondromalacia and Meniscus Tear and Left Knee Internal Derangement associated with an industrial injury date of August 22, 2011. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right knee pain. On physical examination, the gait was antalgic on the right. There was medial joint line tenderness. The McMurray's click was present. Crepitus was also noted over the patellofemoral joint. The treatment to date has included medications, physical therapy, and right knee corticosteroid injection. The utilization review from January 10, 2014 modified the request for Thermocool hot, cold contrast therapy with compression combo care - rental for 60 days to a cold therapy unit for seven (7) days postoperatively as a rental as per guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of the Thermocool hot, cold contrast therapy with compression combo care four (4) for sixty (60) days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, continuous flow cryotherapy section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Game Ready Accelerated Recovery System, Continuous-flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines state that the Game Ready accelerated recovery system is recommended as an option after surgery. The Game Ready system combines continuous-flow cryotherapy with the use of vasocompression. Postoperative use of continuous-flow cryotherapy generally may be up to seven (7) days, including home use. While there are studies on continuous-flow cryotherapy, there are no published high quality studies on the Game Ready device or any other combined system. In this case, the ThermoCool hot and cold contrast therapy with compression was requested for a period of 60 days for post-operative pain control, reduction of inflammation, and increased circulation. However, there was no discussion why a 60-day duration of use was warranted when the guidelines only recommend use of up to seven (7) days. Furthermore, the medical records showed that the contemplated surgery, which was right knee arthroscopy and debridement was deemed not medically necessary and was not certified. Therefore, the request is not medically necessary.