

<b>Case Number:</b>	CM14-0102933		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational Medicine 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 was injured on 05/01/12 and the purchase of a post-operative cold therapy unit is under review. She underwent arthroscopic surgery for the left knee. She saw [REDACTED] on 06/04/14. She had an MRI arthrogram that failed to reveal meniscal tear. She was diagnosed with left knee patellar tendinitis and persistent medial joint pain. She had not responded to extensive conservative care and left knee arthroscopic surgery with partial meniscectomy versus meniscal repair and synovectomy was recommended. A cold therapy unit was recommended for purchase post-operatively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative cold therapy unit purchase for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The history and documentation do not objectively support the request for a cold therapy unit for purchase following arthroscopic surgery on the left knee. The MTUS does not address the use of post-operative durable medical equipment but the Official Disability

Guidelines states continuous-flow cryotherapy may be recommended as an option after surgery, but not for nonsurgical treatment. Post-operative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g. muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. (BlueCross BlueShield, 2005) This meta-analysis showed that cryotherapy has a statistically significant benefit in postoperative pain control, while no improvement in postoperative range of motion or drainage was found. As the cryotherapy apparatus is fairly inexpensive, easy to use, has a high level of patient satisfaction, and is rarely associated with adverse events, we believe that cryotherapy is justified in the postoperative management of knee surgery. (Raynor, 2005) There is limited information to support active vs. passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. (Aetna, 2006) This study concluded that continuous cold therapy devices, compared to simple icing, resulted in much better night time pain control and improved quality of life in the early period following routine knee arthroscopy. There is no evidence of complications for which ongoing use appears to have been indicated. Based on the short period of time for which this type of unit is typically recommended (7 days post-operative), the medical necessity of a purchase has not been clearly demonstrated.