

<b>Case Number:</b>	CM14-0105298		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 52-year-old gentleman, who injured the left knee on 08/30/12 and after failing conservative treatment, underwent left knee arthroscopy and debridement in November, 2012. The medical records provided for review document a current diagnosis of degenerative joint disease based on an MRI scan in November of 2013 and total joint Arthroplasty was recommended. The surgical process has apparently been supported by Utilization Review. This request is for seven day use of a cryotherapy device in the postoperative setting following the knee Arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polar Care, 7 Day Rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comps, Knee Procedure - Continuous-Flow Cryotherapy.

**Decision rationale:** Based on California MTUS ACOEM Guidelines and supported by Official Disability Guidelines, the request for a cryotherapy device following Arthroplasty is not indicated. The ACOEM Guidelines recommend the use of cold applications for pain control. The Official Disability Guidelines recommend the use of cryotherapy devices for up to seven days following arthroscopic procedures; the recent scientific research shows that cryotherapy following total joint Arthroplasty yields no apparent, lasting benefit. The ODG states that there is no current evidence supporting its routine use after Arthroplasty. Based on these guideline findings, the specific request for cryotherapy following Arthroplasty would not be supported as medically necessary.