

<b>Case Number:</b>	CM14-0010725		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/13/2014
<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 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:

Patient is a 48-year-old female who has submitted a claim for grade 3 tear of posterior horn of the medial meniscus, and right knee minimal effusion associated with an industrial injury date of 12/02/2010. Medical records from 2012 to 2013 were reviewed. Patient complained of worsening, localized, constant right knee pain, graded moderate to severe intensity. There were no numbness or tingling sensation. Aggravating factor included prolonged walking. Patient likewise complained of worsening left knee pain and swelling. No relief was noted upon intake of medication. Patient experienced worsening anxiety, depression, and insomnia. Physical examination of the right knee showed tenderness, and positive McMurray's sign. Treatment to date has included acupuncture, physical therapy, and medications such as tramadol, hydrocodone, naproxen, and Exoten-C lotion. Utilization review from 01/13/2014 denied the request for contrast aqua therapy 6 week rental including contrast aqua therapy water circulating pad and contrast aqua therapy knee wrap because guidelines state that mechanical hot and cold therapy units are experimental and investigational for reducing pain and swelling after surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTRAST AQUA THERAPY 6 WEEK RENTAL INCLUDING CONTRAST AQUA THERAPY WATER CIRCULATING PAD AND CONTRAST AQUA THERAPY KNEE WRAP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Cryoanalgesia and Therapeutic Cold.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Aetna Clinical Policy Bulletin was used instead. Aetna considers the use of the Hot/Ice Machine and similar devices (e.g., the Hot/Ice Thermal Blanket, the TEC Thermoelectric Cooling System (an iceless cold compression device), the Vital Wear Cold/Hot Wrap, and the Vital Wrap) experimental and investigational for reducing pain and swelling after surgery or injury. Studies in the published literature have been poorly designed and failed to show that the Hot/Ice Machine offers any benefit over standard cryotherapy with ice bags/packs; and there are no studies evaluating its use as a heat source. In this case, patient complained of bilateral knee pain corroborated by findings of tenderness and positive McMurray's sign. The documented indication for this modality is to provide a non-pharmacologic management of reducing muscle spasm and facilitating tissue healing. However, there is no discussion as to why this equipment is being prescribed instead of standard passive hot and cold packs. Active hot and cold therapy units are not recommended. The guideline considers the device experimental and investigational for reducing pain and swelling after injury. The medical necessity was not established. Therefore, the request for contrast aqua therapy 6 week rental including contrast aqua therapy water circulating pad and contrast aqua therapy knee wrap is not medically necessary.