

<b>Case Number:</b>	CM14-0016017		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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:

This 51-year-old general merchandise manager sustained an industrial injury on February 1, 2010, relative to a slip and fall. Past surgical history was positive for right total knee arthroscopy with partial lateral meniscectomy, chondroplasty, synovectomy and removal of loose body on June 14, 2013. She subsequently underwent right total knee arthroplasty with computer navigation on December 2, 2013. Pre-operative certification was noted for 21-day post-op rental of continuous passive motion and cold therapy units. The December 16, 2013 physical therapy report indicated that the patient was discharged to outpatient therapy with residual weakness and decreased function. A request was submitted for a Thermacare contrast compression therapy unit. The January 15, 2014 utilization review modified the request for a Thermacare contrast compression therapy unit and approved a standard cold therapy unit for seven day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare-contrast compression therapy:** 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 and Leg.

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

**Decision rationale:** The California MTUS is silent regarding cold compression units. The Official Disability Guidelines state that cold compression therapy is an option after knee surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to seven days post-operative use. The January 15, 2014 utilization review decision modified the request for a cold compression unit to seven day rental of a standard cold therapy unit. Prior certification of cold therapy is additionally noted for 21 days. Although cold compression therapy is an option, there is no specified duration of use to establish medical necessity. There is no compelling reason to support the use of additional cold therapy beyond that already certified. Therefore, this request for ThermoCare-contrast compression therapy is not medically necessary or appropriate.