

<b>Case Number:</b>	CM14-0018472		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 60 year old male who reported an injury on 11/18/2013 due to climbing a ladder. The injured worker was seen on 01/14/2014 for evaluation of left knee discomfort. Examination of the left knee showed tenderness in the medial joint line with positive McMurray sign, full range of motion was present. MRI was obtained and showed left knee medial meniscus tear. Treatment plan was for surgical intervention. The document submitted does not report the date of surgery nor does it have the operative report. The current treatment for the injured worker was to have left knee arthroscopy surgery, physical therapy for six weeks after surgery with the use of cold therapy. The request authorization was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT, 7 DAY RENTAL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 injured worker had left knee arthroscopy. The Official Disability Guidelines recommend the cold therapy unit as an option after surgery, not for nonsurgical treatment. The injured worker had knee surgery and guidelines recommend 7 days. The request is within guideline recommendations. Therefore, the request is medically necessary and appropriate.