

<b>Case Number:</b>	CM14-0120916		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/22/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 62 year-old female with date of injury 09/22/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/23/2014, lists subjective complaints as pain in the right knee. Patient is status post right knee medial and lateral meniscectomy on 08/13/2014. MRI dated 06/20/2014 was notable for a degenerative, horizontal medial meniscal tear with new remnant tear and a lateral meniscus tear. Patient has completed 24 sessions of physical therapy to date. Objective findings: Examination of the right knee revealed tenderness to palpation of the medial and lateral joint lines. Patellar tilt test was positive with crepitus. Range of motion was severely limited in all planes due to pain. Diagnosis: 1. Tears of medial cartilage or meniscus of knee 2. Tear of lateral cartilage or meniscus of knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy purchase:** Upheld

**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 & Leg (Acute & Chronic), Continuous-flow cryotherapy

**Decision rationale:** The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. 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. Rental of continuous-flow cryotherapy equipment for 7 days following surgery may be a reasonable option, but not purchase. Cold Therapy purchase is not medically necessary.