

<b>Case Number:</b>	CM14-0136880		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 44-year-old who sustained an injury in a work related accident on 06/14/11. The clinical records provided for review include the 06/27/14 progress report noting continued complaints of left knee pain despite conservative care of medications, physical therapy, and injections. The report documented that the claimant has a known history of "internal derangement" and is status post left knee arthroscopy, synovectomy, and meniscectomy. Physical examination findings showed 5/5 motor strength, restricted left knee range of motion at endpoints, mild edema, and medial and lateral joint line tenderness with crepitation. Based on the clinical findings, the recommendation was made for knee arthroscopy, partial meniscectomy, and a high tibial osteotomy. The medical records do not contain any recent imaging reports. However, the treating provider documented that the claimant's MRI from February showed the prior meniscectomy with irregular signal change of the lateral meniscus and extensive full thickness cartilage loss of the medial compartment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit rental 7 days to left knee, as an outpatient for pending surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-Summary of Recommendations, Knee Disorders ([www.acoempracguides.org/knee](http://www.acoempracguides.org/knee); Table 2)

**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 Comp, 18th Edition, 2013 Updates: Knee Procedure - Continuous-Flow Cryotherapy.

**Decision rationale:** California ACOEM Guidelines and Official Disability Guidelines criteria would not support the postoperative use of a cryotherapy device. The request for knee arthroscopy, partial meniscectomy, and a high tibial osteotomy is not recommended as medically necessary. Therefore, the request for postoperative use of a cold therapy unit is also not medically necessary.