

<b>Case Number:</b>	CM14-0152073		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Preventive 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:

According to the records made available for review, this is a 53-year-old female with a 9/12/12 date of injury, and left knee arthroscopic debridement on 1/25/13. At the time (9/2/14) of the decision for Ice Machine (right/left knee), there is documentation of subjective (bilateral knee pain) and objective (minimal effusion over both knees, tenderness over left lateral knee joint as well as medial aspect of right knee, and decreased bilateral knee range of motion) findings. The current diagnoses are osteoarthritis of knee and bilateral knee degenerative joint disease. The treatment to date includes medications, physical therapy, and injections. Medical report identifies that patient uses ice machine on a daily basis and that ice machine is no longer functioning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ice Machine (right/left knee): 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), Chapter Knee, Cold Heat Packs; and Cryotherapy

**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:** MTUS does not address this issue. Official Disability Guidelines states that continuous-flow cryotherapy is recommended postoperatively for up to 7 days, including home use. In addition, Official Disability Guidelines identifies that continuous-flow cryotherapy is not recommended for nonsurgical treatment. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis of knee and bilateral knee degenerative joint disease. However, given documentation of a status post left knee arthroscopic debridement on 1/25/13, continuous-flow cryotherapy postoperative use exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for osteoarthritis of knee and bilateral knee degenerative joint disease is not medically necessary.