

<b>Case Number:</b>	CM14-0157638		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	06/08/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 47 year old male with a work injury dated 6/8/13. The diagnoses include internal derangement of the right knee. Under consideration are requests for unknown use of Cold Therapy. There is a progress note dated 7/18/2014 where the patient complained of knee pain. The exam revealed that knee flexion was limited to 100 degrees, extension was normal and there was tenderness at the medial femoral condyle, medial joint line, and medial patella. The patient presented with an antalgic gait. Past MRIs and MRAs have revealed cartilage loss. There was no evidence of ligament, tendon, or meniscal injury. The treatment plan included a request for a right knee arthroscopy for the cartilaginous lesion, 12 visits of post-operative physical therapy and cold therapy. The patient was not working at the time of examination. The documentation indicates that a right knee Arthroscopy was approved on 8/29/14 as well as 12 post-operative physical therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy (unknown use):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Continuous-flow cryotherapy:

**Decision rationale:** Unknown use of cold therapy is not medically necessary as written per the MTUS and ODG guidelines. Official Disability Guidelines recommends the use of continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. It is generally used up to 7 days, including home use. The ACOEM states that at home cold packs can be used for knee swelling. The documentation indicates that the patient was approved for knee arthroscopy, however the guidelines recommend up to 7 days of continuous flow cryotherapy after surgery. The request as written does not give a duration. The request for unknown use of cold therapy is not medically necessary.