

<b>Case Number:</b>	CM14-0185968		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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:

47-year-old injured worker with reported industrial injury of December 9, 2011 utilizing a jackhammer. The claimant has undergone a prior left knee debridement. Examination noted October 9, 2014 demonstrates complaints of right knee pain. It is noted the patient has had symptoms for the past 9 months. Subjective complaints include giving way. Objective findings demonstrate markedly tenderness noted in the posterior medial joint line and flexion is limited. The knee was stable to varus and valgus stress. Regress the knee demonstrated early patellofemoral changes. MRI was noted on July 18, 2014 demonstrate an oblique undersurface tear of the posterior horn body junction of the medial meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unspecified purchase or rental of Cryotherapy unit:** 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 and Leg Chapter, Continuous Flow Cryotherapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is for non-certification.