

<b>Case Number:</b>	CM14-0020157		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 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:

According to the records made available for review, this is a 59-year-old male with a 6/6/11 date of injury. At the time (1/28/14) of request for authorization for water circ heat pad with pump, there is documentation of subjective (increased pain in the right knee, lack of full motion, swelling) and objective (right knee swelling, tenderness, ROM 10-105, generalized tenderness and crepitus during range of motion) findings, current diagnoses (severe degenerative arthritis, right knee), and treatment to date (medications). 1/21/14 RFA identifies a request for cold therapy system with pad - purchase (to be used for 30 minutes 3 times daily for pain control and inflammation) for right total knee replacement on 1/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WATER CIRC HEAT PAD WITH PUMP: 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) Knee, Continuous-flow 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:** California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that continuous-flow cryotherapy is recommended postoperatively for up to 7 days, including home use. Within the medical information available for review, there is documentation of a diagnosis of severe degenerative arthritis, right knee. In addition, there is documentation of a 1/21/14 RFA identifying a request for cold therapy system with pad - purchase (to be used for 30 minutes 3 times daily for pain control and inflammation) for right total knee replacement on 1/23/14. However, the request exceeds cryotherapy guidelines (7 days). Therefore, based on guidelines and a review of the evidence, the request for water circ heat pad with pump is not medically necessary