

<b>Case Number:</b>	CM14-0026343		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopaedic 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 injured worker is a 34 year-old male who was reportedly injured on 11/27/2010. The mechanism of injury is not listed. The claimant underwent arthroscopic right knee surgery on 11/2/2011. The previous utilization review references a progress note dated on 1/15/2014, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented right knee pain rated 6 out of 10. Physical examination demonstrated right knee range of motion: flexion 90/130, extension 0/0; healing arthroscopic portal incisions; exquisite medial and lateral joint space tenderness. No diagnostic imaging studies available. Previous treatment included postoperative physical therapy. A request was made for Micro Cool Unit Home Supplies and was not certified in the utilization review on 2/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MICRO COOL UNIT HOME SUPPLIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, 2008, Knee Complaints, page 1015-1017; Official Disability Guidelines, Knee and Leg (updated 1/20/14), Continuous - flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** American College of Occupational and Environmental Medicine (ACOEM) guidelines support cryotherapy for the first several post-operative days to help with pain relief and swelling; however, guidelines do not support its use for non-surgical treatment of knee pain. Given the claimant's date of surgery and the date of request for cryotherapy, this request is not considered medically necessary.