

<b>Case Number:</b>	CM14-0031205		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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, has a subspecialty in Spine 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 patient was injured when he slipped and fell. The patient underwent knee arthroscopy and total knee replacement surgeries. A progress note on date of service 3/31/14 indicates the patient has diagnoses of depression, anxiety, constant pain in the low back radiating down the right leg, numbness in the lower extremities and improving knee and thoracic pain. Physical exam demonstrates some right knee tenderness. 9/5/13 lumbar MRI demonstrates, at L3-4, a left lateral disk osteophyte complex narrowing the left neural foramen; and, at L2-3, a left parasagittal disk protrusion impressing on the ventral aspect of the sac and not significantly narrowing the left L2-3 foramen. There is documentation of a previous 1/7/14 adverse determination as an associated surgical request was non-certified. Treatment to date has included medication, physical therapy, and activity modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTORIZED COLD MACHINE:** 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:** The California MTUS does not address this issue. The Official Disability Guidelines (ODG) states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, there remains no evidence of pending or recent surgery. Cryotherapy is not recommended for non-surgical treatment. Therefore, the request was not medically necessary.