

<b>Case Number:</b>	CM14-0031718		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 & Rehabilitation, 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 56-year-old male who reported an injury on 10/08/2012. The injured worker reportedly suffered a right knee strain when jumping out of a truck. The current diagnoses include a lateral meniscus tear and degenerative joint disease/osteoarthritis of the right knee. The injured worker was evaluated on 01/27/2014 with complaints of right knee pain. Physical examination of the right knee revealed a small effusion, 180 degrees of extension, 135 degrees of active flexion, intact sensation and negative instability. Treatment recommendations at that time included a left knee arthroscopy. A Request for Authorization was then submitted on 01/28/2014 for a right knee arthroscopy with medial and/or lateral meniscectomy and repair of internal derangement with postoperative physical therapy, a cold therapy unit and crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water Circ Cold Pad With Pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The Official Disability Guidelines state continuous flow cryotherapy is recommended for up to 7 days following surgery. As per the documentation submitted for this review, the injured worker is pending authorization for a right knee surgery. There was no indication that this injured worker's surgical procedure has been authorized. There was also no frequency or total duration of treatment listed in the current request. As such, the request is not medically necessary.