

<b>Case Number:</b>	CM14-0032555		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Texas and Colorado. 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 43-year-old male who reported an injury on 01/04/2013, as a result of continuous trauma. The current diagnosis is left knee mild degenerative arthrosis with medial meniscal tear. An operative report was submitted on 02/07/2014, documenting an arthroscopic partial medial and lateral meniscectomy with Chondroplasty in all three (3) compartments of the left knee. A Request for Authorization form was then submitted for a water-circulating cold pad with pump. A Request for Authorization form was then submitted for a water-circulating cold pad with pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for cold therapy unit, purchase QTY:1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC; ODG Treatment; Integrated Treatment/Disability Duration 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 recommend continuous-flow cryotherapy for up to 7 days, including home use after surgery. As per the documentation submitted, the

injured worker is currently status post left knee arthroscopy with medial and lateral Meniscectomy and Chondroplasty. However, there is no total duration of treatment listed in the current request. The guidelines only recommend continuous-flow cryotherapy for up to 7 days. Based on the clinical information received, the retrospective request for a cold therapy unit is not medically necessary.

**Retrospective request for cold therapy unit pad Qty:1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC: ODG Treatment; Integrated Treatment/Disability Duration 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.