

<b>Case Number:</b>	CM14-0035538		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Medicine and is licensed to practice in Pennsylvania. 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:

This is a 57-year-old who sustained a vocational injury on July 8, 2013. The medical records provided for review document that the claimant underwent left knee arthroscopy on April 22, 2014. The current request is for a thermo-cooler unit with supplies. A thermo-cooling system is a cold therapy system that provides compression therapy along with a cooling system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therma cooler unit with supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Knee and Leg.

**MAXIMUS guideline:** Decision based on the MTUS Knee Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 13), page 337, as well as the Non-MTUS Official Disability Guidelines (ODG); Knee & Leg Chapter.

**Decision rationale:** Based on the Knee Complaints Chapter of the ACOEM Practice Guidelines and the Official Disability Guidelines, the request for a Therma cooler with supplies is not recommended as medically necessary. The Knee Complaints Chapter of the ACOEM Practice Guidelines support the use of cold applications to control discomfort. The Official Disability

Guidelines support the use of continuous flow cryotherapy for up to seven days following surgical intervention. However, the Official Disability Guidelines do not recommend the use of cooling systems that use compression/vasocompression such as the Therma cool unit based on the fact that there are no significant random controlled trials that suggest compression cryotherapy yields any better short or long term relief than continuous flow cryotherapy.

Therefore, the use of a Therma cool unit and supplies is not medically necessary or appropriate.