

<b>Case Number:</b>	CM14-0036878		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 is a 52 year old male with an injury date of 10/12/13. Based on the progress report dated on 02/10/14 the patient complains of left medial knee pain with popping in the joint line anteriorly and medially. She has positive findings at the medial collateral ligament with valgus stress. Knee flexion against resistance is painful. The patient's diagnoses includes recalcitrant right humeral lateral epicondylitis, sprain and strain of right elbow and resolved sprain and strain of right shoulder. The treating physician is requesting a cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines, Lateral Epicondylalgia, pages 590-600.

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

**Decision rationale:** According to the report dated on 02/10/14 the patient presents with left medial knee pain with popping in the joint line anteriorly and medially. The request is for a cold

therapy unit to be used for post-operation use, but the surgery is not medically necessary. The MTUS Guidelines do not discuss cold therapy unit. However, The ODG Guidelines recommend using the cold therapy unit as an option after surgery, but not for nonsurgical treatment. Without the surgery, the cold therapy unit is of no use. As such, the request is not medically necessary.