

<b>Case Number:</b>	CM14-0041555		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Family Medicine, and is licensed to practice in Utah. 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 46 year-old male with a date of injury of 04/07/2010. The mechanism of the injury is not stated. The patient has been diagnosed with knee pain, meniscus injury of the knee, impingement of the knee, and adhesions of the knee. The patient's treatments have included an MRI imaging study and medications. The physical exam findings, dated 12/23/2013 show the knee range of motion at 5 to 120 degrees. The patient's medications are stated in the document dated 01/29/2013 as none. The request is for a cold therapy unit for the left knee that was purchased on 11/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for the left knee that was purchased on 11/11/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, Online Edition, Chapter, Knee & Leg, Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous-flow cryotherapy.

**Decision rationale:** The MTUS guidelines and clinical documents were reviewed in regards to this specific case. The request is for a cold therapy unit for the left knee that was purchased on 11/11/2013. The MTUS guidelines state that for physical treatment methods; passive modalities without an exercise program and manipulation are not recommended. The ODG were also used and it states this is recommended as an option after surgery for 7 days. According to the clinical documentation provided and current MTUS guidelines; a cold therapy unit for the left knee that was purchased on 11/11/2013 is not indicated as medically necessary to the patient at this time.