

<b>Case Number:</b>	CM14-0045530		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old male with a 4/16/10 date of injury, and left total knee replacement 3/24/14. At the time (3/6/14) of the request for authorization for 1 motorized cold therapy unit with supplies, there is documentation of subjective (left knee pain) and objective (walks with a varus thrust, range of motion is 10 to 100 degrees with pain at ends of range of motion) findings, imaging findings (X-rays revealed varus alignment with bone on bone in the medial compartment), current diagnoses (degenerative joint disease of the left knee with varus deformity, bone on bone on the medial compartment) and treatment to date (viscosupplementation, brace, and surgery). There is no documentation of the requested length of treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Motorized Cold Therapy 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 (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg, Continuous flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy.

**Decision rationale:** MTUS reference to ACOEM identifies patient's at-home applications of cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of degenerative joint disease of the left knee with varus deformity, bone on bone on the medial compartment. In addition, there is documentation that the patient is status post left total knee replacement. However, there is no documentation of the requested length of treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 motorized cold therapy unit with supplies is not medically necessary.