

<b>Case Number:</b>	CM14-0047570		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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:

This 59-year-old male sustained an industrial injury on 9/27/12. Injury occurred when he slipped getting out of a trailer. Past medical history was positive for morbid obesity. He underwent right shoulder arthroscopic subacromial decompression and partial distal claviclectomy, and open rotator cuff repair on 7/12/13. The 2/11/14 treating physician report cited mild right knee pain. Right knee exam documented crepitus and range of motion 0-90 degrees. Right knee x-rays showed 2-3 mm cartilage space in the medial compartment. There was spurring and loose bodies in the lateral compartment. The diagnosis was right knee medial meniscus tear and lateral meniscus tear with osteoarthritis of the right knee. The patient underwent right knee arthroscopic partial medial and lateral meniscectomy and debridement on 3/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continous-flow cryotherapy: 7 day rental (right knee):** 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)- TWC.

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

**Decision rationale:** The California MTUS is silent regarding continuous flow cryotherapy. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 3/28/14 utilization review decision recommended partial certification of a continuous flow cryotherapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of continuous flow cryotherapy beyond the 7-day rental recommended by guidelines and previously certified. Therefore, this request for continuous flow cryotherapy is not medically necessary.