

<b>Case Number:</b>	CM14-0057494		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Orthopaedic 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 26-year-old male sustained an industrial injury on 2/7/12. Injury occurred when he got his leg caught between a parked vehicle and another that backed into him. He underwent left anterior cruciate ligament reconstruction on 10/4/12. The 6/10/13 left knee MRI documented an intact anterior cruciate ligament graft, evidence of prior medial meniscectomy with degenerative changes, subchondral edema and sclerosis, and small joint effusion. The 3/26/14 treating physician report indicated the patient had persistent pain and discomfort with occasional swelling following surgery and completion of a standard rehabilitation program. He had not been able to return to work or sports activities. Left knee x-rays demonstrated early joint space narrowing of the medial compartment with early to moderate hypertrophic changes over the medial compartment. Standing x-rays showed physiologic varus alignment with mechanical axis running through the medial tibial spine of the knee. Surgery was recommended to include a two-stage procedure for medial meniscus transplant and autologous cartilage implant given the fairly significant posttraumatic arthritis. The 4/15/14 utilization review denied the request for 7 day rental of a cold therapy unit as the associated surgery was not found to be medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: 7 day rental of cold therapy unit for the left 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)- Knee section, continuous-flow cryotherapy.

**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 are silent regarding cold therapy devices. The Official Disability Guidelines state that continuous-flow cryotherapy may be an option for up to 7 days in the post-operative setting following knee surgery. However, the available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance in the outpatient setting. There is no indication that the associated surgery has been improved. Cold therapy unit use is not recommended for non-surgical treatment. Given the limited evidence for post-op use and absent an approved surgery, this request for 7 day rental of a cold therapy unit for the left knee is not medically necessary.