

<b>Case Number:</b>	CM14-0057501		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/03/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/03/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63-year-old female with a reported date of injury on 09/03/2012. The injury reportedly occurred when the injured worker was bending to clean the bathroom, her knee cracked and while getting up it cracked again. Her diagnoses were noted to include musculoligamentous sprain/strain to the right knee and tricompartmental degenerative joint disease to the right knee. Her previous treatments were noted to include medications and a cane. An MRI to the right knee performed 02/16/2014 revealed extensive and severe degenerative bone and cartilaginous changes and full thickness tear to the anterior cruciate ligament. The progress note dated 04/04/2014 reported the injured worker had pain to the right knee with limited range of motion. The physical examination of the right knee noted limited range of motion. The request for authorization form was not submitted within the medical records. The request for a water circulation cold pad with pump did not have the provider's rationale submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water circulation cold pad with pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Knee & Leg -Meniscectomy.

**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 request for a water circulation cold pad with pump is not medically necessary. The injured worker has osteoarthritis of the right knee. The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries such as muscle strains and contusions has not been fully evaluated. Continuous flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The documentation provided did not indicate the injured worker was planning to have surgery and therefore, the need for a water circulation cold pad with pump is not warranted at this time. As such, the request is not medically necessary.