

<b>Case Number:</b>	CM14-0061588		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 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 31-year-old female sustained an industrial injury on 6/18/13, relative to a trip and fall onto her bilateral knees and hands. The patient was diagnosed with a left knee patella non-displaced fracture. The 12/3/13 left knee magnetic resonance imaging (MRI) impression documented mild chondromalacia patella and intact ligaments, tendons and menisci. The 12/12/13 orthopedic agreed medical examiner (AME) report indicated the patient was very symptomatic relative to the left knee. An operative arthroscopy with chondroplasty was recommended. The 2/16/14 progress report addendum recommends a Q-tech cold therapy recovery system with wrap for 21 days post-operatively. The 3/24/14 utilization review modified the request for a cold therapy unit for 21 days use to 7 days consistent with guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Q-tech cold therapy recovery system w/wrap for 21 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**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 cold therapy units. 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 3/24/14 utilization review decision recommended partial certification of the cold therapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request for post-operative Q-Tech cold therapy recovery system with wrap for 21 days is not medically necessary.