

<b>Case Number:</b>	CM14-0065505		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 59-year-old male sustained an industrial injury on 10/7/09. The mechanism of injury was not documented. Past medical history was positive for morbid obesity, diabetes, and gastroesophageal reflux disease. The patient underwent left total knee replacement on 8/26/13 with subsequent manipulation under anesthesia with a corticosteroid injection for arthrofibrosis on 10/21/13. The 4/16/14 treating physician report cited continued grade 5/10 medial and lateral but mostly anterior knee pain. The most sensitive part was around the lateral aspect of the knee where the iliotibial band came in. A recent corticosteroid injection provided temporary relief for 2 weeks. The patient was going to physical therapy but left knee pain was worsening. Hip pain had almost completely resolved. Left knee range of motion was 0-105 degrees, with pain and tightness beginning around 100 degrees. Left knee physical exam documented body mass index 38.5, no crepitation, no effusion, slight warmth to left knee, well-healed incision, no medial or lateral joint line tenderness, and stable to varus/valgus stress. The treatment plan recommended left knee open removal of scar tissue and poly exchange. The patient desired surgery over conservative treatment. The 5/2/14 utilization review denied the request for cold therapy unit as the associated surgical procedure was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative cold therapy water circulated cold pad with pump unit: 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 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 use of a cold therapy unit would be reasonable for 7 days post-operatively should the surgery be approved. However, this request is for an unknown length of use which is not consistent with guidelines. Therefore, this request is not medically necessary.