

<b>Case Number:</b>	CM14-0081883		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 41 year old male with an injury date of 10/01/13. Based on 05/08/14 progress report provided by [REDACTED], patient presents with right knee pain and swelling. Physical exam shows the patient had medial and lateral joint line tenderness with range of motion of 0-125 degrees. McMurray sign for meniscus pathology is positive. Diagnosis and treatment: - Right meniscus tear- Pending Right knee arthroscopy with possible meniscectomy Findings from MRI of right knee dated 03/31/14:- meniscal degeneration but no tear- mild prepatellar bursitis- mild cartilage loss of both medial and lateral compartments with thinning of the cartilage- small joint effusion without loose body [REDACTED] awaits approval for Right Knee Diagnostic Arthroscopy, which has been previously denied. Per utilization review letter dated 05/15/14, MRI findings did not show meniscal tear, which was a requirement for the procedure. Patient continues with physical therapy per progress report dated 02/10/14. [REDACTED] is requesting for Cold Therapy Unit. The utilization review determination being challenged is dated 05/15/14. The rationale is that clinical information available for review did not meet preliminary criteria guidelines. Right knee arthroscopy was not certified and it was a requirement for the certification of cold therapy unit. [REDACTED] is the requesting provider, and he provided treatment reports from 12/03/13 -05/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient presents with right knee pain and swelling. The request is for a cold therapy unit, presumably to be used for post-op. Duration of the request is not known. Per treating physician report dated 05/08/14, McMurray sign was positive for meniscal pathology and MRI findings from 03/31/14 showed meniscal degeneration without a tear. The patient has had conservative treatments in the form of medications, activity modifications and physical therapy. Positive imaging study showing "tear of meniscus" as per treating physician report dated 05/08/14 is not verified per MRI report as above. ODG guidelines recommend cold therapy treatment for the knee as an option after surgery. "Postoperative use generally may be up to 7 days, including home use." Review of reports show a "surgery authorization" form from [REDACTED] office, with an unspecified date of surgery. Cold therapy unit may be used up to 7 days, but the current request does not indicate how long it is to be used for. Request is deemed not medically necessary.