

<b>Case Number:</b>	CM14-0120093		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 50-year-old who has filed a claim for knee and neck pain reportedly associated with an industrial injury of May 15, 2014. In a Utilization Review report dated July 11, 2014, the claims administrator failed to approve a request for a cold therapy unit rental and associated wrap/pad. The claims administrator referenced a July 7, 2014 RFA form and associated progress note of June 20, 2014 in its determination. The applicant's attorney subsequently appealed. On June 12, 2014, the applicant was asked to consult an orthopedist to evaluate a meniscal tear. In a RFA form dated July 7, 2014, a cold therapy unit, crutches, and an associated wrap and pad were sought, along with a request for knee arthroscopy and associated postoperative physical therapy. Surgery had been tentatively scheduled for July 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit (rental):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Continuous-Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, 3rd Edition, page 646.

**Decision rationale:** The MTUS does not address the topic of continuous cooling devices for postoperative use purposes. However, the Third Edition ACOEM Guidelines Knee Chapter notes on page 646 that the duration of cryotherapy should be confined to the "first few" postoperative days, with overall duration of treatment commensurate with the extent of the surgery. Here, however, the applicant was scheduled to undergo a relatively minor knee arthroscopic meniscectomy procedure. The request for cold therapy unit rental of unspecified duration, thus, ran counter to ACOEM principles and parameters. Therefore, the request was not medically necessary.

**Wrap/Pad:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.