

<b>Case Number:</b>	CM14-0135000		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/28/2003
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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: California  
Certification(s)/Specialty: Orthopedic Surgery

### 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 46 year old male who sustained an industrial injury on 06/28/2003. He has pain in the left knee. On 07/18/2014, the IW had an arthroscopic surgery for chondroplasty and lysis of adhesions. A request was made and received by the utilization review agency on 08/06/2014 for a Thermal compression unit 21 day rental for the left knee. On 08/08/2014 Utilization Review non-certified a Thermal compression unit 21 day rental for the left knee noting there was no MRI of the site and no operative report, so it was unclear whether any additional surgical procedures were performed. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermal compression unit 21 day rental for the left knee:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Continuous cold therapy

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for 21 days. Therefore the determination is for non-certification.