

<b>Case Number:</b>	CM14-0164521		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 29 year old male with an injury date on 08/20/2012. Based on the 08/27/2014 progress report provided by the treating physician, the diagnoses are: 1. Left knee medial arthrosis following arthroscopy 01/14/2013. 2. Right knee strain-compensatory. According to this report, the patient complains of stabbing and aching pain of the bilateral knee. Pain is rated as a 9/10 with pins and needles sensation. Exam of the left knee indicates tenderness at the hamstring muscles and at the medial/lateral aspects of the knee. Grind maneuver and McMurray's sign are positive medially. Range of motion is 0-120 degrees. There were no other significant findings noted on this report. The utilization review denied the request for DME motorized hot/cold therapy unit rental on 09/23/2014 based on lack of clinical documentation provided. The requesting physician provided treatment reports from 06/14/2014 to 08/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME- Motorized hot/cold therapy unit rental:** 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) knee chapter under continuous-flow cryotherapy Knee Chapter online for DME

**Decision rationale:** According to the 08/27/2014 report, this patient presents with stabbing and aching pain of the bilateral knee. Per this report, the current request is for DME motorized hot/cold therapy unit rental "for home use to help the patient recover from their surgical procedure." Under durable medical equipment section in ODG Guidelines, durable medical equipment is defined as an equipment that is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. Furthermore, ODG guidelines states under cold therapy "recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use." Review of reports show the patient is status post left knee arthroscopy on 01/14/2013 and there is not discussion that the patient will have another surgery soon. It is not known if surgery is authorized; therefore, the requested DME motorized hot/cold therapy unit rental with no number of days use is not recommended. ODG supported the use of cold therapy up to 7 days. Recommendation is for denial.