

<b>Case Number:</b>	CM14-0188747		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 & Rehabilitation, 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 police officer sustained an injury on 6/3/13 while employed by [REDACTED]. Request(s) under consideration include Cold Therapy Unit. Diagnoses include rule out cervical radiculopathy; bilateral upper extremity sensory neuropraxia; thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous sprain/strain; bilateral knee sprain/ arthritis/ possible internal derangement; history of pre-existing bilateral knee arthroscopic surgeries in 1997 and 1999 with partial medial meniscectomy and chondroplasty. Reports of 9/12/14 and 10/14/14 from the provider on 9/12/14 noted the patient with chronic ongoing bilateral knee pain with associated weakness, swelling, stiffness with giving way. The patient has been off work. Exam showed mild effusion, tenderness to palpation along the medial joint line, negative anterior/ posterior drawer test; motor strength of 5/5. Treatment included Monovisc/ platelet rich plasma injection, neoprene and medial unloader braces. On 10/14/14, the patient received Monovisc injections on same day with treatment plan for cold therapy unit and custom knee brace. The request(s) for Cold Therapy Unit was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

### 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:** Decision based on MTUS ACOEM Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

**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, page 292: Continuous-flow cryotherapy Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use.

**Decision rationale:** This 59 year-old police officer sustained an injury on 6/3/13 while employed by [REDACTED]. Request(s) under consideration include Cold Therapy Unit. Diagnoses include rule out cervical radiculopathy; bilateral upper extremity sensory neuropraxia; thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous sprain/strain; bilateral knee sprain/ arthritis/ possible internal derangement; history of pre-existing bilateral knee arthroscopic surgeries in 1997 and 1999 with partial medial meniscectomy and chondroplasty. Reports of 9/12/14 and 10/14/14 from the provider on 9/12/14 noted the patient with chronic ongoing bilateral knee pain with associated weakness, swelling, stiffness with giving way. The patient has been off work. Exam showed mild effusion, tenderness to palpation along the medial joint line, negative anterior/ posterior drawer test; motor strength of 5/5. Treatment included Monovisc/ platelet rich plasma injection, neoprene and medial unloader braces. On 10/14/14, the patient received Monovisc injections on same day with treatment plan for cold therapy unit and custom knee brace. The request(s) for Cold Therapy Unit was non-certified on 10/31/14. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. Submitted reports have not demonstrated medical necessity outside guidelines criteria for patient with chronic knee pain s/p surgery over 15 years prior. The Cold Therapy Unit is not medically necessary and appropriate.