

<b>Case Number:</b>	CM14-0207869		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: 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 injured worker is a 53 year old female who sustained an industrial injury on 06/01/2010. She reported the injury was to the left knee. She states she was x-rayed and had an MRI. She states she was told she had a torn meniscus on both sides of her knee. Treatment to date includes arthroscopic surgery, knee brace and medications. Diagnosis were left knee Chondromalacia patella, status post left knee arthroscopy with moderate to severe left knee degenerative joint disease. She presented on 10/14/2014 with left knee pain and low back pain. Physical exam of the knee revealed tenderness over the medial and lateral joint lines. Range of motion was 5 degree-120 degree with positive patello femoral crepitation with motion. Treatment plan was for left total knee arthroplasty, medications and LSO to provide stability and facilitate improved tolerance to standing and walking. Records submitted for this review do not address the request for cold therapy unit, which is the issue for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit with pads:** 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) - knee procedure. Continuous flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. (Hubbard, 2004) (Morsi, 2002) (Barber, 2000) The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Cold therapy unit with pads is not medically necessary.