

<b>Case Number:</b>	CM14-0041073		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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: Minnesota, Florida

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 (IW) is a 71 year old female who sustained an industrial injury on 3/14/2013. She reported a repetitive movement injury of the left knee. The injured worker had diagnostic x-rays and a MRI of the left knee that revealed degenerative changes. Her diagnosis is degenerative arthritis, left knee, with an additional diagnosis added of left meniscus tear. Treatment to date has included Naproxen and Vicodin for pain, use of a knee brace and a cane, and cortisone injection. Euflexxa injections to the left knee have also been administered. The IW completed only 2 sessions of physical therapy before being placed on modified duties with activity restrictions. Currently, the injured worker complains of stabbing pain in the left knee that increases with walking. The treatment plan includes arthroscopic removal of loose bodies and chondroplasty of the left knee. A request for authorization is submitted for 7 days rental of Vascutherm Cold Therapy for post-operative use on the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 days rental of Vascutherm Cold Therapy for post-operative use on the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** ODG guidelines recommend continuous-flow cryotherapy as an option after surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. However, the documentation does not indicate certification of the requested surgical procedure. Since the primary surgical procedure is not medically necessary, none of the associated surgical services are medically necessary.