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| <b>Case Number:</b>   | CM15-0006353 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 02/28/2014 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 58 year old male who sustained an industrial injury on 2/28/2014. He has reported right knee pain after falling into a large pothole. The diagnoses have included right knee injury-rule out internal derangement and resolved right ankle injury. Treatment to date has included therapy, home exercises, knee brace and medication management. Currently, the IW complains of right knee pain. Magnetic resonance imaging from 7/18/2014, showed no evidence of meniscus or ligament damage with mild to moderate chondral change of the central weight bearing aspect of the medial femoral condyle, patello-femoral compartment. Treatment plan included a right knee arthroscopy and a cold therapy unit post-operatively. On 12/26/2014, Utilization Review non-certified a review of cold therapy unit for the right knee, noting the surgery was not supported and therefore the cold therapy unit was unnecessary. The Official Disability Guidelines was cited. On 1/6/2015, the injured worker submitted an application for IMR for a cold therapy unit for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for the right knee, for an unspecified duration:** 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 Chapter, Continuous-Flow Cryotherapy Section

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

**Decision rationale:** MTUS does not specifically address cold therapy packs, therefore the Official Disability Guidelines (ODG) were referenced. ODG states that postoperative use of continuous-flow cryotherapy units generally may be up to 7 days, including home use. There is no evidence in the guidelines for use after the initial 7 days nor do the guidelines recommend an unspecified duration. The treating physician has not provided a duration for treatment. As such the request for Cold therapy unit for the right knee, for an unspecified duration is not medically necessary.