

<b>Case Number:</b>	CM15-0106278		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, Florida, 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 38 year old male who sustained a work related injury June 19, 2014. An MRI of the left knee dated August 11, 2014, revealed a large flap tear lateral meniscus with subluxing tissue, deficient posterior root medial meniscus, and significant extensor mechanism tendinopathy. An MRI of the lumbar spine, dated March 31, 2015 (one page of report present in the medical record) revealed mild to moderate disc desiccation with disc height loss as L5-S1, broad base disc osteophyte complex measuring a transverse diameter of 5.1cm with superimposed focal right central/paracentral disc protrusion measuring 7mm. According to a primary treating physician's report, dated April 15, 2015, the injured worker presented with left knee pain, rated 5/10. He is scheduled for arthroscopic surgery of the left knee April 21, 2015. There is tenderness to palpation over the lateral joint line and positive McMurray's sign. Diagnoses are documented as tear lateral meniscus of left knee and lumbosacral/joint/ligament/sprain/strain. Treatment plan included; proceed with arthroscopic surgery, pre-operative clearance, and weaning Gabapentin dosage. At issue, is the retrospective request for authorization for a cold therapy unit and wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective cold therapy unit and wrap (4/21/15): 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/leg, 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 (ODG) Knee, under cryotherapy.

**Decision rationale:** This claimant was injured over a year ago. There was meniscal damage. The plan included arthroscopic surgery. This cold therapy unit and wrap was proposed in conjunction with surgery. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes about knee cryotherapy: Recommended 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) Therefore, although 7 days would be supported, an apparent full purchase of the unit and wrap would not. The request as submitted is not medically necessary.