MAXIMUS Federal Services

| Case Number: | CM15-0139879 | | |
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| Date Assigned: | 07/29/2015 | Date of Injury: | 03/07/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/16/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

## 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: California, North Carolina
Certification(s)/Specialty: Family Practice

## 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 26 year old male who sustained an industrial/work injury on 3-7-14. He reported an initial complaint of low back and right lower extremity pain. The injured worker was diagnosed as having lumbar and thoracic spine sprain-strain, rule out meniscus tear, complex laceration of right knee, and knee contusion. Treatment to date includes medication, surgery (arthroscopic partial lateral meniscectomy, synovectomy, excision of the medial plica), physical therapy, diagnostics, and acupuncture. MRI results were reported on 9-30-14 of the right knee to demonstrate a bone contusion of anterior aspect of lateral tibial condyle. Currently, the injured worker complained of intermittent pain in his bilateral right greater than left neck that is described as sharp and stiff. Pain is rated 2 out of 10. The pain is also causing headaches in the back of the head. There is also intermittent right greater than left upper back pain that is described as dull and aching and is 3 out of 10. The lower back has intermittent pain that is tight, aching, and sharp, and rated 7-8 out of 10. The knee pain is aching and a 6 out of 10 and locking is less. Per the primary physician's report (PR-2) on 5-6-15, exam noted normal ambulation, limited range of motion in the cervical spine, normal range of motion in the thoracic spine, straight leg raise is positive on the right and left, palpation reveals mild paraspinal tenderness and muscle guarding bilaterally, trigger point tenderness paraspinal region of the lumbar spine. The knee had limited range of motion with nonspecific tenderness at the right knee, calf tenderness, and McMurray test with interior rotation is positive on the right knee. The requested treatments include Q-tech cold therapy recovery system, 35-day rental, with wrap for the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech cold therapy recovery system, 35 day rental, with wrap for the right knee:** 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 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 & leg (continuous flow cryotherapy).

**Decision rationale:** CA MTUS/ACOEM do not address continuous flow cryotherapy. The ODG states that continuous flow cryotherapy is recommended as an option after surgery. Post-operative use may be approved for up to 7 days. This 35-day request exceeds the guidelines recommendation of 7 days. There is no documentation of a medical exception requiring 35 days of cryotherapy. Thus, the request is deemed not medically necessary or appropriate.