

<b>Case Number:</b>	CM15-0141095		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	11/16/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 is a 49 year old female who sustained an industrial injury on 11-16-2014. She reported pain in the lower back and bilateral knees as a result of her work requirements. The injured worker was diagnosed as having: Bilateral knee pain. Degenerative joint disease. Lumbar spine spondylosis-degenerative disc disease. Treatment to date has included oral medications, cortisone injections of the right knee, and physical therapy. Currently, the injured worker complains of pain in the bilateral knees. She walks with a limp, favoring her right knee with an obvious valgus deformity of the right knee. Physical therapy was not helpful, and cortisone injections were minimally helpful. On exam of the right knee, she has a positive valgus, and anterior joint line tenderness and instability. There is a positive patellofemoral grind test, and there is crepitus. The knee motion is from full extension to 135 degrees of flexion. The patella tracks normally. The left knee has a similar exam. There is joint line tenderness, grater laterally than medially. There is a positive patellofemoral grind test. There is crepitus. Knee motion is full extension to 120 degrees of flexion and the patella tracks normally. The worker cannot work. The treatment plan is for a total knee replacement, doing the right knee first. A request for authorization was made for the following: 1. Right Total Knee Replacement. 2. Pre-operative workup to include CBC with differential, CMP, PT-PTT, UA, EKG, chest x-ray. 3. Associated Surgical Service: Cold Therapy Unit with Pad Purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: Cold Therapy Unit with Pad Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

**Decision rationale:** California MTUS guidelines do not address this topic. ODG guidelines are therefore used. 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. Use beyond 7 days is not recommended. Purchase of the pad is appropriate with the 7 day rental of the unit. The request as stated is for a cold therapy unit purchase which is not supported by guidelines. As such, the medical necessity of the request has not been substantiated.