

<b>Case Number:</b>	CM15-0145447		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 47 year old female, who sustained an industrial injury on June 3, 2014. Treatment to date has included MRI of the right knee, right knee arthroscopic subtotal medial meniscectomy with chondroplasty of the patella, and opioid medications. Currently, the injured worker complains of severe pain following her right knee arthroscopic surgery on June 26, 2015. The surgeon recommended Q-tech recovery system post-operatively for hot and cold therapy to address pain and swelling. She is using her CPM machine at 40 degrees and is taking Norco three times per day for pain control. The injured worker is using a crutch for assistance with ambulation. Her range of motion was limited. An x-ray of the right knee revealed no metallic debris and no loose bodies present. The diagnoses associated with the request include status post right arthroscopic right knee subtotal medial meniscectomy and chondroplasty of the patella, right knee medial meniscus tear, and left shoulder sprain-strain. The treatment plan includes continuation of Norco for pain and continued use of Q-Tech Recovery System for post-operative hot-cold therapy to address pain and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech cold therapy system with wrap; twenty-one (21) day rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg procedure - 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) cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use, however, the time limit for request is in excess of recommendations. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.