

<b>Case Number:</b>	CM15-0146464		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 43 year old female, who sustained an industrial injury on 11-5-2009. The mechanism of injury is unknown. The injured worker was diagnosed as having left knee degenerative joint disease and status post anterior cruciate ligament reconstruction with revision and arthroscopic debridement. Left knee magnetic resonance imaging showed chronic complete tear of the anterior cruciate ligament. Treatment to date has included multiple left knee surgeries, steroid injections, physical therapy and medication management. In a progress note dated 6-23-2015, the injured worker complains of continued left knee pain. Physical examination showed synovial thickening, decreased range of motion and significant laxity. The injured worker has a pending left knee anterior cruciate ligament reconstruction and unicompartmental arthroplasty planned. The treating physician is requesting purchase of a cold therapy unit for postoperative use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: DME Cold Therapy Unit for Purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 are silent on this issue. ODG guidelines are therefore used. ODG guidelines recommend continuous-flow cryotherapy postoperatively after knee surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. Therefore a 7 day rental is appropriate. The request as stated is for a cold therapy unit purchase which is not supported and as such, the medical necessity of the request has not been substantiated.