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| <b>Case Number:</b>   | CM15-0161852 |                              |            |
| <b>Date Assigned:</b> | 08/27/2015   | <b>Date of Injury:</b>       | 12/30/2004 |
| <b>Decision Date:</b> | 09/30/2015   | <b>UR Denial Date:</b>       | 07/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/17/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 66 year old female who sustained an industrial injury on 12-30-2004. She tripped and injured her left knee when her left knee suddenly gave way causing her to trip and fall forward. She also twisted her upper body to the left causing her to land on her right shoulder. She reports injury to the left ankle and left foot and has been diagnosed with cervical sprain with left upper extremity radiculopathy, lumbar spine sprain and bilateral sciatica, left L5 radiculopathy, status post right shoulder greater tuberosity fracture, healed, status post left knee arthroplasty and revision x 2 for infection with residual stiffness. Treatment has included medications. There was pain to palpation on the medial and lateral joint lines of the left ankle with pain during inversion-eversion. There was also pain to palpation in the tarsal and metatarsal area as well as reduced range of motion. There was decreased sensation in the medial aspect of the ankle and medial aspect of the left foot. The treatment plan included medications. The treatment request included cold therapy unit 6 weeks rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit 6 weeks rental: 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 & Leg (Acute & Chronic) Continuous-flow cryotherapy.

**Decision rationale:** The claimant has a remote history of a work-related injury in December 2004 and is being treated for chronic left knee pain. When seen, left total knee replacement revision surgery was being planned due to gross loosening of the original prosthesis. When seen, there was multidirectional instability with pain and decreased range of motion and strength with pain. She was using a walker. A cold therapy unit rental for 6 weeks is being requested. Cold compression/continuous-flow cryotherapy is recommended as an option after knee surgery. Postoperative use generally may be up to 7 days, including home use. In this case, the duration of the requested rental is in excess of what is recommended and not considered medically necessary.