

<b>Case Number:</b>	CM15-0162562		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 56 year old male who sustained an industrial injury on 06-27-14. Initial complaints and diagnoses are not available. Treatments to date include physical therapy, medications, and left knee surgery. Diagnostic studies include MRI of the bilateral knees and thoracic spine. Current complaints include pain in the right knee. Current diagnoses include cervical and lumbar spine myofascial sprain and strain, medial meniscus tear and internal derangement right knee, bilateral shoulder impingement syndrome, and left elbow sprain. In a progress note dated 06-23-15 the treating provider reports the plan of care as right knee arthroscopy, preoperative medical clearances, postoperative physical therapy, and cold therapy device and crutches, as well as a urine drug screen and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative DME: Cold Therapy Device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Flow Cryotherapy.

**Decision rationale:** The requested Post-Operative DME: Cold Therapy Device is not medically necessary. CA MTUS is silent on this issue and Official Disability Guidelines, Knee, Continuous Flow Cryotherapy, recommends up to 7 days post-op cold therapy. In a post-operative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. The injured worker has pain in the right knee. Current diagnoses include cervical and lumbar spine myofascial sprain and strain, medial meniscus tear and internal derangement right knee, bilateral shoulder impingement syndrome, and left elbow sprain. In a progress note dated 06-23- 15 the treating provider reports the plan of care as right knee arthroscopy, preoperative medical clearances, postoperative physical therapy, and cold therapy device and crutches, as well as a urine drug screen and tramadol. The treating physician did not document the medical necessity for continued use of cold therapy beyond the guideline recommended seven days usage. The criteria noted above not having been met, Post-Operative DME: Cold Therapy Device is not medically necessary.