

<b>Case Number:</b>	CM15-0185253		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 68 year old, male who sustained a work related injury on 12-30-14. The conditions have included tricompartmental osteoarthritis chondromalacia, medial and lateral meniscal tear and synovitis right knee. He is being treated for right knee pain. Treatments have included physical therapy and use of a right knee brace. In the progress notes dated 8-4-15, the injured worker "has right knee medial meniscal pathology with persistent symptoms." On physical exam, he has a positive McMurray's sign and effusion of right knee. The provider states the MRI of right knee dated 1-22-15 indicated "a multidirectional tear of the posterior horn and body of the medial meniscus with evidence of lateral meniscal free edge tearing and tricompartmental arthritis and cartilage loss most pronounced within the patellofemoral compartment." He is not working. The treatment plan includes right knee surgery. In the Utilization Review, dated 9-10-15, the requested treatment of a cold compression unit x 14 day rental and pads for unit have been found to not be medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold compression unit x 14 day 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Continuous-flow cryotherapy.

**Decision rationale:** The patient presents on 08/04/15 with unrated right knee pain and presents for a pre-operative examination. The patient's date of injury is 12/30/14. Patient is status post diagnostic operative right knee arthroscopic surgery with partial medial and lateral meniscectomy, with debridement of the patellofemoral joint on 08/28/15. The request is for COLD COMPRESSION UNIT X 14 DAY RENTAL. The RFA was not provided. Physical examination dated 08/04/15 reveals positive McMurray's sign in the right knee with effusion of the joint noted. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. Official Disability Guidelines, Knee and Leg Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: Recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries; e.g., muscle strains and contusions - has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating. In regard to the 14 day rental of a cold therapy unit, the provider has exceeded guideline recommendations. Per the records provided, the patient recently underwent right knee arthroscopic surgery for which the use of a cryotherapy unit is considered appropriate. However, official Disability Guidelines specify a 7 day rental for only for post-operative recovery, the request for a 14 day rental exceeds this allotment. Were the request for a 7 day rental, the recommendation would be for approval, however the current request as written exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Compression 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, under Continuous-flow cryotherapy.

**Decision rationale:** The patient presents on 08/04/15 with unrated right knee pain and presents for a pre-operative examination. The patient's date of injury is 12/30/14. Patient is status post diagnostic operative right knee arthroscopic surgery with partial medial and lateral meniscectomy, with debridement of the patellofemoral joint on 08/28/15. The request is for COMPRESSION PAD PURCHASE. The RFA was not provided. Physical examination dated 08/04/15 reveals positive McMurray's sign in the right knee with effusion of the joint noted. The patient's current medication regimen is not provided. Patient is currently classified as temporarily totally disabled. Official Disability Guidelines, Knee and Leg Chapter, under Continuous-flow cryotherapy states the following: Recommended as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries; e.g., muscle strains and contusions -has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in

the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating. In regard to the compression pads associated with the cryotherapy unit, the requested unit is not approved therefore the pads are unnecessary. This patient recently underwent right knee arthroscopic surgery for which the use of cryotherapy is considered appropriate. However, the provider requested a 14 day rental of the unit and purchase of the associated pads - exceeding ODG recommendations, which allow only a 7 day rental post-operatively. While this patient presents with significant chronic knee pain and surgical intervention directed at this complaint, a 14 day rental exceeds guideline recommendations and therefore the associated accessories cannot be substantiated. Therefore, the request IS NOT medically necessary.