

<b>Case Number:</b>	CM15-0026834		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Illinois, California, Texas  
 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 was a 64-year-old male who sustained an industrial injury on 2/20/14. Injury occurred when he slipped and fell, landing on his left side. The 4/1/14 left knee MRI documented a chronic anterior cruciate ligament sprain, complex tear of the medial meniscus, severe medial compartment chondral thinning, moderate to severe patellofemoral compartment chondromalacia, large joint effusion with synovitis, patellar tendinitis, and a 9 mm loose body in the popliteal recess. The 12/12/14 left knee x-rays documented tricompartmental arthritis with 3 mm of medial joint space. The 1/16/15 treating physician report documented constant left knee pain that worsened with working and walking. He reported catching and locking with sharp pain in the medial aspect of the knee. Physical exam documented medial joint line tenderness, positive McMurray's test, crepitus in the retropatellar area, mild to moderate effusion, and range of motion 5-100 degrees. Surgery was requested. The 2/3/15 utilization review certified a request for left knee arthroscopy with partial medial meniscectomy, removal of loose body, synovectomy, and debridement/chondroplasty with initial post-op physical therapy for 12 visits. A request for 2-week rental of a cold therapy unit was partially-certified for a 7-day rental. The MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Week (14 days) Rental of a Cold therapy Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): (s) 24, 25. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg: Continuous flow cryotherapy

**Decision rationale:** The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 2/3/15 utilization review decision recommended partial certification of a cryotherapy unit for 7-day rental. There is no compelling reason in the medical records to support the medical necessity of a cold therapy unit beyond the 7-day rental already certified. Therefore, this request is not medically necessary.