

<b>Case Number:</b>	CM15-0214861		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old female who sustained an industrial injury on 6-20-2014. A review of medical records indicates the injured worker is being treated for posterior horn medial meniscal tear left knee with chondromalacia, tricompartmental degeneration and osteoarthritis with synovitis, left knee. Medical records dated 7-21-2015 noted she is status post left knee diagnostic and operative arthroscopy on 7-10-2015. She was making good progress. Pain has decreased since her surgery. She still has deficits to her range of motion and her strength. Physical examination noted steri strips were replaced. There was no tenderness, warmth, or swelling in the calf. Treatment has included surgical intervention and physical therapy. Cold compression unit and compression pad was not well documented. Utilization review form dated 10-6-2015 non-certified cold compression unit and compression pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold compression unit, 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, Knee and 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 chapter and pg 17.

**Decision rationale:** According to the guidelines, cold compression is recommended for 7 days after knee surgery. In this case, the claimant's knee surgery was in July 2015. Long-term use is not indicated not supported by evidence. The request for purchase of the cold compression therapy 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, Knee and 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 chapter and pg 17.

**Decision rationale:** According to the guidelines, cold compression is recommended for 7 days after knee surgery. In this case, the claimant's knee surgery was in July 2015. Long-term use is not indicated not supported by evidence. The request for purchase of the cold compression therapy is not medically necessary and therefore the compression pads are not medically necessary.