

<b>Case Number:</b>	CM15-0218247		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 46 year old female, who sustained an industrial injury on 06-23-2014. Medical records indicated that the injured worker is undergoing treatment for right knee internal derangement and lumbar radiculopathy. Treatment and diagnostics to date has included physical therapy, low back injections, and medications. Recent medications have included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Subjective data (09-08-2015), included right knee, left foot, and low back pain radiating into both legs. Objective findings (09-08-2015) included tenderness to palpation over the lumbar paraspinal muscles, tenderness to palpation over the medial and lateral joint line of the right knee, positive Apley's sign of the right knee, and diminished sensation over the bilateral L4 dermatomes. There is an operative report dated 10-26-2015 for right knee diagnostic arthroscopy, right knee arthroscopic synovectomy, right knee arthroscopic partial medial meniscectomy and lateral meniscectomy, and right knee arthroscopic abrasion chondroplasty. The Utilization Review with a decision date of 11-03-2015 modified the request for cooling system (date of service: 10-26-2015) to cooling system x 1 week rental and non-certified the request for bilateral pressure pneumatic appliance (date of service: 10-26-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cooling system DOS: 10/26/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Knee and Leg Procedure Summary Online Version last updated 05/05/2015.

**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, page 292.

**Decision rationale:** Review indicates the request for cooling system was modified for one-week rental. The request for authorization does not provide supporting documentation for unspecified duration beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for an unspecified Cooling System does not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Cooling system DOS: 10/26/15 is not medically necessary and appropriate.

**Bilateral pressure pneumatic appliance DOS: 10/26/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Knee and Leg Procedure Summary Online Version last updated 05/05/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Venous Thrombosis, page 356-358.

**Decision rationale:** The patient underwent a diagnostic knee arthroscopy in October 2015 and the provider has requested for this pneumatic appliance; however, does not identify specific DVT risk factors. Per Guidelines, although DVT prophylaxis is recommended to prevent venothromboembolism (VTE) for patient undergoing knee or hip arthroplasty, it is silent on its use for arthroscopic meniscectomy. Some identified risk factors identified include use of hormone replacement therapy or oral contraceptives, and obesity, none of which apply in this case. Submitted reports have not demonstrated factors meeting criteria especially when rehabilitation to include mobility and exercise are recommended post surgical procedures as a functional restoration approach towards active recovery. MTUS Guidelines is silent on specific use of cold compression therapy with pad and wrap, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post-surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The Bilateral pressure pneumatic appliance DOS: 10/26/15 is not medically necessary and appropriate.