

<b>Case Number:</b>	CM15-0223110		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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:

This injured worker is a 49-year-old female who sustained an industrial injury on 9/9/09. Injury occurred when an associate fell from a ladder on top of her. She underwent left knee arthroscopy on 5/27/12, and right knee arthroscopy on 1/29/13. The 10/7/14 right knee MRI revealed lateral and medial meniscus tears and osteoarthritis with tricompartmental chondromalacia and joint effusion. The 10/08/15 treating physician report cited continued right knee pain with associated swelling and locking. Physical exam documented right knee swelling and tenderness. There was severe medial joint line tenderness and tricompartmental tenderness with positive Apley's grind maneuver. The diagnosis included right knee recurrent meniscal tear and degenerative disease. The treatment plan recommended a right knee arthroscopy with likely partial meniscectomy. Authorization was requested for associated surgical services including a cold therapy unit. The 10/14/15 utilization review noted authorization of a right knee arthroscopy with partial meniscectomy. The request for a cold therapy unit was modified to 7-day use consistent with the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Cold therapy unit: 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), Knee & 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 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. Guidelines state that the available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. The 10/14/15 utilization review decision recommended modification of this request for a cold therapy unit to a 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.