

<b>Case Number:</b>	CM15-0037803		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 62-year-old female, who sustained a work related injury on 4/21/10. She was moving a heavy cabinet and felt a popping sensation with pain in right knee. The diagnoses have included chronic right knee pain and right knee internal derangement with medial meniscus tear. Treatments to date have included physical therapy, acupuncture treatments, injections ion right knee, MRIs of the right knee, x-rays right knee and medications. In the PR-2 dated 2/2/15, the injured worker complains of constant pain in right knee. The pain increases with activity involving the right knee. She complains of her right knee "giving way" at times. She rates the pain a 9-10/10. She has some difficulty performing activities of daily living. She is noted to have effusion of the right knee. She has crepitus with range of motion. She has tenderness to touch of medial right knee joint line. She has a positive McMurray's sign in right knee. She uses a cane for ambulation. The request for Independent Medical Review is for a cold therapy unit, a DVT unit and mobility crutches. On 2/26/15, Utilization Review non-certified requests for a motorized cold therapy unit, DVT unit and mobility crutches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized cold therapy unit, DVT unit, mobility crutches, as outpatient:** 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 knee chapter, continuous-flow cryotherapy Knee & Leg chapter, venous thrombosis knee chapter, walking aids (canes, crutches, braces, orthoses, and walkers).

**Decision rationale:** This patient presents with constant pain in the right knee with some swelling, popping and clicking. MRI of the right knee was consistent with tear of the posterior horn of the medial meniscus. The treating physician recommends a right knee arthroscopy with partial meniscectomy and debridement and postoperative DME. The current request is for MOTORIZED COLD THERAPY UNIT, DVT UNIT, MOBILITY CRUTCHES, AS OUTPATIENT. The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines under the knee chapter has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." ODG guidelines under the Knee & Leg chapter regarding venous thrombosis states, "Risk factors for venous thrombosis include immobility, surgery, and prothrombotic genetic variants." ODG guidelines knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid." In this case, Utilization review dated 5/26/15 denied the request for knee surgery; therefore, the request for postoperative cold therapy unit, DVT unit and crutches ARE NOT medically necessary.