

<b>Case Number:</b>	CM15-0038718		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: California, Hawaii  
 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 55-year-old female, who sustained an industrial injury on September 13, 2013. The diagnoses have included bilateral knee meniscus tear, status post left knee meniscectomy, right ulnar nerve entrapment and wrist pain. A progress note dated January 21, 2015 provided the injured worker was seen for follow up of left knee meniscectomy. She has not yet started physical therapy. She also complains of right knee pain. Physical exam notes minimal swelling of the left knee with no indication of infection present. Plan is for cold unit machine for left knee, magnetic resonance imaging (MRI) of right knee, physical therapy as ordered and continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy Unit Machine, Left Knee Post-operative:** 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) Treatment in Workers Comp, 9th edition (web).

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

**Decision rationale:** The patient presents with bilateral knee pain. The current request is for Cold Therapy Unit Machine, Left Knee Post-operative. The treating physician states, "She states that she received the cold machine but was told by the place that gave it to her that I would need to request it and get it approved as they do not have authorization. She states today that her right knee is also "killing her." Patient is status-post surgery left knee (B.63/64)." The ODG guidelines state with regards to 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. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs." In this case, the patient is status-post surgery of the left knee. The request does not specify the duration of usage for this machine. The physician has not specified that the unit is to be used for a maximum of 7 days and the ODG guidelines do not support usage longer than 7 days. The current request is not medically necessary and the recommendation is for denial.