

<b>Case Number:</b>	CM15-0058499		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 46 year old female, who sustained an industrial injury on 08/30/2014. She reported pain in the right lower back, shoulder, right knee and right foot. Treatment to date has included medications, x-rays, back brace, physical therapy, acupuncture, chiropractic care, MRI of the knee and cortisone injection to the knee. Currently, the injured worker complains of right knee pain, swelling and a giving way feeling when going down stairs. Diagnoses included lumbar sprain rule out annular lumbar disk tear, cervical sprain with trapezius spasm, internal derangement right knee with vertical tear posterior horn medial meniscus and right big toe pain secondary to sprain. Treatment plan included arthroscopic surgery right knee to repair torn medial meniscus. Currently under review is the request for a cold compression unit for 14 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Compression Unit, 14 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Continuous Flow Cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter and pg 17.

**Decision rationale:** Cryotherapy is 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. In this case, the request was prior to the surgery without determining need for intervention. The length of time exceeds the amount of time allotted in the guidelines. The request for 14 days of cold compression is not medically necessary.