

<b>Case Number:</b>	CM15-0059274		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 77 year old female who has reported knee and neck pain after an injury on 2/24/2014. The diagnoses include status post right total knee arthroplasty on 1/14/15, degenerative joint disease, and cervical degenerative disc disease with sprain. Treatment to date has included surgery, knee injections, physical therapy and medications. The treating surgeon reports during 2014 show ongoing knee pain for which a knee replacement was scheduled and subsequently performed on 1/14/15. The operative report, the perioperative medical consultations, and post-operative reports do not mention the requested devices. Enoxaparin was given for DVT prophylaxis. A 12/12/14 prescription is for the Q-Tech devices referred for Independent Medical Review. The listed indication is a surgery on 1/14/15. On 3/2/15 Utilization Review non-certified a 21-day rental of a cold therapy and wrap system, noting the lack of indications per the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO WRAPS X 21 DAYS RENTAL E0669:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**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, Continuous-flow cryotherapy.

**Decision rationale:** None of the medical reports discuss the nature of this device or its indications. It may be part of a continuous-flow cryotherapy unit or it may also include other functions, such as compression. The MTUS does not provide direction for cooling units after surgery. The Official Disability Guidelines recommends them for up to 7 days after surgery. The treating physician prescribed the unit for 3 weeks, which exceeds the guideline recommendation. The unit is therefore not medically necessary as prescribed, assuming it is a continuous-flow cryotherapy unit. If the device was intended for any other purposes, it is not clear from the records what that purpose might be, therefore the request is not medically necessary.

**RETRO Q-TECH COLD THERAPY RECOVERY SYSTEM X 21 DAYS RENTAL:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Work Loss Data Institute, 2015, Knee chapter, Continuous-flow cryotherapy.

**Decision rationale:** None of the medical reports discuss the nature of this device or its indications. It may be a continuous-flow cryotherapy unit or it may also include other functions, such as compression. The MTUS does not provide direction for cooling units after surgery. The Official Disability Guidelines recommends them for up to 7 days after surgery. The treating physician prescribed the unit for 3 weeks, which exceeds the guideline recommendation. The unit is therefore not medically necessary as prescribed, assuming it is a continuous-flow cryotherapy unit. If the device was intended for any other purposes, it is not clear from the records what that purpose might be, therefore, the request is not medically necessary.