

<b>Case Number:</b>	CM15-0059859		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/25/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 61-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of January 3, 2014. In a Utilization Review report dated March 25, 2015, the claims administrator failed to approve a request for a cold compression unit rental for 30 additional days. An RFA form received on March 24, 2015 was referenced in the determination. A March 9, 2015 progress note was also referenced. The applicant's attorney subsequently appealed. In said March 23, 2015 RFA form, a 30-day cold compression unit rental was proposed. In an associated progress note dated March 9, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant was status post arthroscopic knee surgery on February 25, 2015, it was suggested. A knee brace, Motrin, Vicodin, Prilosec, and topical compounded medications were endorsed, along with further physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold compression unit rental for 30 additional 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Continuous-flow cryotherapy.

**Decision rationale:** No, the request for a cold compression unit rental for 30 additional days was not medically necessary, medically appropriate, or indicated here. The request in question seemingly represented a request for postoperative cryotherapy status post earlier knee surgery on February 25, 2015. The MTUS does not address the topic. While ODG's Knee Chapter Continuous Flow Cryotherapy topic does recommend usage of continuous flow cryotherapy for up to seven days postoperatively, in this case, however, the request in question represented a request for continuous usage of postoperative cryotherapy some one month removed from the date of surgery. The request, thus, as written, was at odds with ODG principles and parameters. The attending provider failed to furnish any compelling applicant-specific rationale, which would support such usage. Therefore, the request was not medically necessary.