

<b>Case Number:</b>	CM15-0085628		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 48-year-old male, who sustained an industrial injury on 05/14/2013. On provider visit dated 03/13/2015 the injured worker has reported right knee catching, clicking and having given way episodes. On examination, right knee there was clicking and popping noted with range of motion, tenderness with palpation was noted as well, mild edema and a decreased range of motion. The diagnoses have included right knee internal derangement with chronic tear of the medial meniscus and degeneration of the lateral meniscus, status post right knee arthroscopy. Treatment to date has included medication. The documentation stated that the injured worker was a candidate for revision of right knee arthroscopy as outpatient. The provider requested cold therapy unit for 30 days for symptom management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

**Decision rationale:** Guidelines support cold therapy units for up to 7 days post-operatively. In this case, the patient has not undergone surgery within the past 7 days and there is no rationale for the use of cold therapy. The request for cold therapy unit x 30 days is not medically appropriate and necessary.