

<b>Case Number:</b>	CM14-0138488		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/24/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 59-year-old female was reportedly injured on 5/24/2001. The mechanism of injury was noted as a slip and fall. The claimant underwent right arthroscopic knee surgery on 6/11/2013 followed by postoperative physical therapy. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of right knee pain. Physical examination of the knee demonstrated normal range motion with crepitus, positive right medial and lateral jointline tenderness, positive right medial McMurray's sign, muscle strength 5/5 and reflexes 2+ in the lower extremities bilaterally. Sensation was intact in lower extremities. MRI arthrogram of the right knee, dated 10/2/2013, demonstrated complex tear involving posterior horn of the right medial meniscus with a Grade III abnormality within the anterior horn of the lateral meniscus extending to the inferior articular surface. Diagnoses were right medial and lateral meniscal tear. Right arthroscopic knee surgery was recommended. A request had been made for cold therapy unit, which was denied in the utilization review on 8/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-355. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Knee and Leg (Acute & Chronic) Procedure Summary: Criteria for Chondroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic): Continuous-Flow Cryotherapy (updated 08/25/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address cryotherapy in the setting of arthroscopic knee surgery. ODG supports cryotherapy as an option after surgery but not for non-surgical treatment. Guidelines allow for up to 7 days of postoperative cryotherapy, to include home use. Review of the available medical records demonstrates chronic right knee pain after a work-related injury in 2001, followed by right arthroscopic knee surgery in 2013. The previous utilization review reports that a second arthroscopic knee surgery is not medically necessary. As such, this request for a cold therapy unit is not considered medically necessary.