

<b>Case Number:</b>	CM14-0141161		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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 claimant is a 64-year-old male construction worker who sustained a vocational injury on April 13, 2012. The medical records provided for review document that the claimant subsequently underwent left knee partial lateral meniscectomy, partial synovectomy and debridement of a unicompartmental knee arthroplasty on June 19, 2014. This request is for retro-authorization and request for a [REDACTED] Combo Multiuse Cold Therapy Unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**[REDACTED] Combo Multi Use Cold Therapy Unit Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous Flow Cryotherapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Knee & Leg chapter; Continuous-flow cryotherapy

**Decision rationale:** California ACOEM Guidelines support the application if ice packs for treatment of pain and swelling. The Official Disability Guidelines recommend the use of continuous flow cryotherapy units as an option following surgical intervention as medically

reasonable for up to seven days, including home use in the postoperative setting of knees. This request is to purchase the [REDACTED] Combo Multi Use Cold Therapy Unit and does not meet the Official Disability Guideline recommendation for use up to seven days in the postoperative setting. Therefore, the request does not meet criteria set forth by Official Disability Guidelines. The request for a [REDACTED] Combo Multi Use Cold Therapy Unit Purchase is not medically necessary.