

<b>Case Number:</b>	CM14-0179944		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational Medicine 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 patient is a 40 year-old female with date of injury 06/26/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/07/2014, lists subjective complaints as pain in the left knee. The patient is status post left knee arthroscopic partial lateral meniscectomy on 08/29/2014. Objective findings: Examination of the left knee revealed tenderness, but no swelling or deformity. Apprehension test and McMurray's were negative. The range of motion was within normal limits. Sensation, muscle strength and reflexes were normal. Diagnosis: left knee torn lateral meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hat-trick pro with wrap purchase for the left knee (vascutherm unit - rental for 30 days for the left knee, vascutherm wrap - purchase for the left knee, cold wrap - purchase for the left knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy

**Decision rationale:** The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Post-operative use generally may be up to 7 days, including home use. In the post-operative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The request exceeds that which is recommended in the Guidelines. The patient is weeks past her surgery date. Hat-trick pro with wrap purchase for the left knee (Vascutherm unit - rental for 30 days for the left knee, vascutherm wrap - purchase for the left knee, cold wrap - purchase for the left knee) is not medically necessary.