

<b>Case Number:</b>	CM14-0193948		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/03/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

According to the records made available for review, this is a 25-year-old male with a 4/3/14 date of injury, and right knee arthroscopic partial and medial meniscectomy with chondroplasty of the patella on 7/23/14. At the time (6/6/14) of request for authorization for Retrospective request for DME Q Tech cold therapy with DVT prevention system rental with purchase of wraps times 21 days, there is documentation of subjective (right knee pain with radiation to right lower extremity) and objective (tenderness over the medial joint line, positive McMurray's test, decreased range of motion with locking and popping, and intact motor examination) findings, current diagnoses (right knee retropatellar bursitis and medial meniscus tear), and treatment to date (medications and physical therapy). There is no documentation that the patient is at a high risk of developing venous thrombosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for DME Q Tech cold therapy with DVT prevention system rental with purchase of wraps times 21 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Polar care (cold therapy unit); Venous thrombosis

**Decision rationale:** MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. In addition, ODG identifies documentation of subjects who are at a high risk of developing venous thrombosis, as criteria necessary to support the medical necessity of DVT prevention system. Within the medical information available for review, there is documentation of diagnoses of right knee retropatellar bursitis and medial meniscus tear. In addition, there is documentation of right knee arthroscopic partial and medial meniscectomy with chondroplasty of the patella on 7/23/14. However, there is no documentation that the patient is at a high risk of developing venous thrombosis. In addition, the requested retrospective request for DME Q Tech cold therapy with DVT prevention system rental with purchase of wraps times 21 days exceeds guidelines (up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for retrospective request for DME Q Tech cold therapy with DVT prevention system rental with purchase of wraps times 21 days is not medically necessary.