

<b>Case Number:</b>	CM14-0210231		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 62 year old male with the injury of 11/01/13. Per orthopedic surgeon's report 10/16/14, the patient has knee pain bilaterally, right greater than left. The patient has difficulty bending his right knee. The patient ambulates with a cane. The patient has difficulty in ascending/ descending stairs, performing light housework or shopping. The patient has not had a surgery in the past. The treater recommended arthroscopy and medial meniscectomy. The patient wears knee braces. The patient is currently taking Triamterence, Amlodipine, tramadol, Motrin, Norco and Omeprazole. X-ray reveals 1) mild arthritis on both of his knees 2) bone spur formation in the patellofemoral joint of the right knee 3) radial tear of the posterior medial meniscus with slight subluxation medially as well as articular cartilage looss in the medical femoral condyle 4) extensive synovitis and fluid inside the knee. MRI of the right knee in February 2014 shows medial meniscus tearing and some degenerative ACL finding and underlying arthritis symptoms. The treater requested "authorization for right knee arthroscopy, medial meniscectomy and chondroplasty, preop evaluation by an internal medicine physician should be pre authorized as well as postoperative [12 sessions of ] physical therapy, all durable medical equipment and Vicodine for postop pain." Per 10/09/14 progress report, the lists of diagnoses are: 1) Internal derangement of knee, NOS 2) Sprain/strain of medial collateral ligament of knee. The rest of reports indicate same requests for physical therapy, evaluation with an orthopedic surgeon, and medications. The utilization review determination being challenged is dated on 11/01/13. Treatment reports were provided from 05/01/14 to 10/16/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment: cold therapy unit (rental/purchase): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (19th annual edition) & ODG Treatment in Workers' Comp (12th annual edition), 2014, Knee Chapter, Continuous-flow cryotherapy

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

**Decision rationale:** The patient presents with pain and weakness in both of his knees. The request is for Durable Medical Equipment (DME) cold therapy unit (rental/ purchase). The MTUS and ACOEM guidelines do not discuss cold therapy units. Therefore, ODG Guidelines are referenced. ODG Guidelines, under Knee Chapter, has the following regarding continuous-flow cryotherapy: "Recommended as an option after surgery but not for nonsurgical treatment. Postoperative use generally may be up to 7 days including home use." In this case, the orthopedic surgeon requested cold therapy unit along with authorization of right knee surgery. The utilization review letter 11/13/14 indicates that the requested surgery was denied. It is not known whether or not the requested surgery will move forward. In addition, the current request is without duration and ODG only allows cold therapy units for 7 days post-op. Therefore, the request is not medically necessary.