

<b>Case Number:</b>	CM14-0217614		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/29/1994
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70 year old male sustained work related industrial injuries on August 29, 1994. The mechanism of injury was not described. The injured worker subsequently complained of progressive and increasing left knee pain. The injured worker's past medical history included bilateral knee osteoarthritis status post right total knee replacement in 2008. The injured worker was recently diagnosed and treated for severe left knee osteoarthritis. Treatment consisted of diagnostic studies, MRI of the knee on 9/9/2014, left total knee replacement, consultation and periodic follow up visits. Per operative report dated December 2, 2014, the injured worker underwent left total knee replacement and tolerated the procedure well without any noted complications. The treating physician prescribed services for cold therapy unit-purchase QTY: 1.00 now under review. On December 11, 2014, the Utilization Review (UR) evaluated the prescription for cold therapy unit-purchase QTY: 1.00 requested on December 2, 2014. Upon review of the clinical information, UR modified the request to a rental of cold therapy unit for 7 days postoperative use based on the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Cryotherapy, Continuous-flow cryotherapy.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cold therapy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that passive modalities without exercise program are not recommended. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days. Medical records document the performance of a total knee replacement surgery on December 2, 2014. Official Disability Guidelines (ODG) indicates that the postoperative use of continuous-flow cryotherapy is generally limited to 7 days. Therefore, the request for the purchase of a cold therapy unit is not supported by Official Disability Guidelines. Therefore, the request for cold therapy unit purchase is not medically necessary.