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| <b>Case Number:</b>   | CM15-0018316 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 06/13/2014 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 33 year old male sustained an industrial injury to the right knee and right ankle on 8/13/14. The injured worker was diagnosed with right knee and right ankle strain. Magnetic resonance imaging right knee (9/25/14) showed chondromalacia within the medial trochlea and trace Baker's cyst with no acute ligamentous or meniscal injury. Treatment included physical therapy, knee brace, ankle brace and medications. In a PR-2 dated 10/31/14, the injured worker complained of ongoing right knee pain 6-10/10 on the visual analog scale. Physical exam was remarkable for right knee with visual fullness, 1+ effusion, tenderness to palpation of the patellofemoral and medial joint line, crepitus with range of motion, pain with compression and McMurray's. The physician noted that the injured worker had a stable knee exam. Current diagnoses included right knee chondromalacia and effusion. The treatment plan included diagnostic arthroscopy, surgical assistant, postoperative Norco, postoperative physical therapy and a seven day rental of a cold compression unit postoperatively. On 12/18/14, the injured worker underwent operative arthroscopy right knee with partial lateral meniscectomy and right knee extensive synovectomy. On 1/22/15, Utilization Review noncertified a request for a Cold Compression Unit Extension 14 Days citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Compression Unit Extension 14 Days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative 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 (eg, muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. In this case the requested duration of 14 days surpasses the recommended treatment duration of 7 days postoperatively. The request should not be authorized.