

<b>Case Number:</b>	CM15-0111984		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 injured worker was a 46 year old male, who sustained an industrial injury, December 18, 2013. The injured worker previously received the following treatments Motrin, Prilosec and Fluriflex Compound. The injured worker was diagnosed with patellar tendonitis, sprain/strain knee and medial meniscus tears. According to progress note of May 4, 2015, the injured worker's chief complaint was aching in the neck, mid back, low back and left leg pain. The discomfort was constant and moderate. There was radiation of pain from the low back to the bilateral feet. There was weakness to the muscles of the bilateral knees. The physical exam noted decreased range of motion of the lumbar spine in all plans. The Lasegue's test was positive. The injured worker walked with a cane in the right hand. There was tenderness of the medial joint line in the bilateral knees. There was tenderness in the right knee medial Ham. There was tenderness in the intrapatellar on the left knee. The treatment plan included cold therapy unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold Therapy unit, purchase left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post surgical use, but the ODG places a finite period of time (7 days) that is recommended for use after surgery. The request is in excess of this period and therefore it is not medically necessary.