

<b>Case Number:</b>	CM15-0119829		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California, Massachusetts  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 40 year old male, who sustained an industrial injury on 12/14/2014. Diagnoses include medial meniscus tear. Treatment to date has included a surgical intervention (diagnostic and operative arthroscopy on 5/08/2015). Per the Physician's Progress Report dated 5/21/2015, the injured worker presented for orthopedic reevaluation regarding her left knee. She is status post diagnostic and operative arthroscopy and presented for a postoperative visit. She still has deficits in range of motion and strength but her pain is decreasing. Physical examination revealed skin and neurovascular exam is intact. There was no drainage, erythema or sign of infection. Homan sign was negative and there was some tenderness to the shin on the anterior side. The plan of care included physical therapy. Authorization was requested for 14 day cold compression therapy unit with compression wrap.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 Day cold compression wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) (Continuous - flow cryotherapy) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (acute and chronic).

**Decision rationale:** According to ODG, post-operative use of compression cryotherapy such as a cold compression wrap is appropriate for 7 days following surgery to decrease pain, inflammation, swelling and edema. At the point that the treatment was requested the patient was already 7 days post-op and medical records did not indicate any clinical findings such as erythema, swelling or tenderness that would have benefited from cryotherapy such as a cold compression wrap. Consequently, the requested treatment at this time does not meet the cited guideline criteria.