

<b>Case Number:</b>	CM15-0120461		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	07/30/2015	<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: 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:

This 48 year old male sustained an industrial injury to the right knee on 9/30/11. On May 4, 2015, the injured worker underwent right knee arthroscopy. In a PR-2 dated 6/19/15, the injured worker complained of frequent to moderate right knee pain, rated 7/10 on the visual analog scale and left knee pain rated 6/10 with occasional swelling. The injured worker reported having pop sounds from the right knee associated with numbness. Physical exam was remarkable for right knee with tenderness to palpation and restricted range of motion due to pain, decreased bruising to the right leg and left knee with subluxation of the patella with crepitus, guarding upon exam, decreased range of motion and decreased quadriceps strength. The injured worker walked with an antalgic gait, guarding the left knee and using a cane. Current diagnoses included status post right knee arthroplasty and left knee sprain/strain. The treatment plan included requesting a four-point cane for post-operative ambulation and continuing Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm cold compression unit 14 day rental (additional 14 days) for post op use for right knee:** 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), continuous-flow cryotherapy.

**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 non-surgical treatment. The request is for post-surgical use however, the time limit for request is not defined. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.