

<b>Case Number:</b>	CM15-0172221		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of March 14, 2013. In a Utilization Review report dated July 29, 2015, the claims administrator partially approved a request for a continuous cooling device as a seven-day rental of the same. The claims administrator referenced a June 8, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note of July 29, 2015, the applicant stated that she was intent on pursuing a knee arthroscopy procedure. Authorization for the same was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CoolCare Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

flow cryotherapy and Other Medical Treatment Guidelines ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 646 2. Recommendation: Cryotherapy for Treatment of Knee Arthroplasty or Other Surgery Patients Cryotherapy is recommended for select treatment of knee arthroplasty or other surgery patients. Frequency/Duration Pain relief with cold therapy for the first several post-operative days with duration commensurate with extent of surgery. Some devices may be helpful for select patients, particularly if they are unable or unwilling to tolerate other measures to manage pain. Indications for Discontinuation Non-tolerance, adverse effects. Strength of Evidence Recommended, Insufficient Evidence (I).

**Decision rationale:** No, the request for a ColoCare Cold Therapy Unit-cryotherapy unit was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Knee Chapter does recommend cold therapy for several postoperative days, ACOEM notes that the duration of cryotherapy usage should be commensurate with the extent of surgery. Here, it was suggested on July 20, 2015, that the applicant was pending a knee arthroscopy procedure. The attending provider's request to purchase the cold therapy device at issue, thus, was not seemingly commensurate with the relatively minor nature of the knee surgery (arthroscopy) performed here, and thus, was at odds with the ACOEM position on usage of cryotherapy in manner commensurate with the extensive surgery and with ODGs Knee Chapter Continuous Flow Cryotherapy topic, which stipulates that postoperative usage of continuous cryotherapy devices should be limited to seven days of postoperative use. Therefore, the request was not medically necessary.