

<b>Case Number:</b>	CM15-0175093		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old male who sustained an industrial injury November 25, 2013. Past history included hypertension and laceration of three ulnar fingers and dominant right hand and dissection of the DIP (distal interphalangeal) joint of the finger on the right hand, August 2008. Diagnoses are left complex tear posterior horn of the medial meniscus; left oblique SLAP tear of the lateral meniscus; chondromalacia of the left knee; complex tear and laceration body of posterior horn of the medial meniscus; arthritis and chondromalacia of the right knee. According to a request for surgery orthopedic physician's report dated July 20, 2015, the injured worker has been followed by a physician for his bilateral knee pain. He received conservative treatment including corticosteroid injections in his bilateral knee, physical therapy, and anti-inflammatory medication and recommendation for surgery. He presented for initial evaluation of his knees. Physical examination revealed; bilateral varus knees; exclusive tenderness to palpation over the medial and lateral joint lines bilaterally; positive McMurray's and Romberg; body synovitis for the site effusion; range of motion full, extension with pain with flexion plus 110 degrees. The physician further documented; evaluation of the injured workers MRI (not dated) demonstrates on the left side a tear of the posterior horn medial meniscus, tear of the lateral meniscus, arthritis of the left knee. On the right knee there is a convex tear and laceration of the posterior horn of the medial meniscus and osteoarthritis in that knee as well. Recommendations included pre-operative treatment with blood work, brace and medications. At issue, is the request for authorization for a cold unit rental x 7 days, right knee. According to utilization review dated

August 5, 2015, the request for DME (durable medical equipment) Cold Unit Rental x 7 days right knee is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cold Unit Rental x 7 days (R Knee): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, Initial Care.

**Decision rationale:** This injured worker has chronic knee pain. During the acute to subacute phases of surgery for a period of 2 weeks or less, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of inflammation and/or whether the cold therapy unit is for the current state or post surgical state. Also, it is not clear why the application of ice packs cannot be used instead of a cold therapy unit. The medical necessity for a cold therapy unit is not substantiated in the records. Therefore, the requested treatment is not medically necessary.