

<b>Case Number:</b>	CM15-0177098		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 58 year old male who sustained an industrial injury on September 16, 2008. A recent primary treating office visit dated August 19, 2015 reported subjective complaint of right knee pain. The problem is improving and symptoms are currently moderate. He is status post right knee chondroplasty on August 10, 2015. The assessment found the worker with: pain in joint involving lower leg. The plan of care noted discontinuing sutures, starting physical therapy course and remain temporarily totally disabled. Previous treatment to include: activity modification, multiple rounds of physical therapy, acupuncture, injections. Primary treating follow up visit dated June 22, 2015 reported subjective complaint of severe flaring bilateral knee pains, right greater; bone grabbing pain with every step. There is mention of all medications with denial. She is also with complaint of back pain and sleep difficulty. Treating diagnoses included: bilateral knees patellofemoral syndrome with degenerative disc disease, and status post right knee arthroscopy and arthropathy. On February 18, 2015 the worker received the 3rd of three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cold therapy unit (DOS 8/10/15): 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), Knee and 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 and Leg Chapter, under Continuous-flow cryotherapy.

**Decision rationale:** The current request is for Retro: Cold Therapy Unit (DOS 8/10/15). Previous treatment to include: post right knee chondroplasty on August 10, 2015, activity modification, multiple rounds of physical therapy, acupuncture, injections and medications. The patient is temporarily totally disabled. Official Disability Guidelines, Knee and Leg Chapter, under Continuous-flow cryotherapy states the following regarding postoperative cold therapy units: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries, eg, muscle strains and contusions, has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Complications related to cryotherapy are extremely rare but can be devastating. Per report 08/19/15, the patient is status post right knee chondroplasty on August 10, 2015 and continues to have moderate pain. Report 07/30/2015, the treater has requested authorization for surgery, pre-op labs, and post op PT. This is a retrospective request for a cold therapy unit DOS 08/10/15. The medical reports provide no discussion regarding the requested cold therapy unit. It appears that the unit was for post-operative use. Official Disability Guidelines specify a 7 day rental for post-operative recovery. Without an appropriate duration of use falling within guideline recommendations, the medical necessity of the requested cold therapy unit cannot be established. Therefore, the request is not medically necessary.