

<b>Case Number:</b>	CM15-0061442		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: 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 47 year old male, who sustained an industrial injury on 12/9/11. He reported a left knee injury. The injured worker was diagnosed as having pain in lower leg joint, derangement post medial meniscus repair and long term use of medications. Treatment to date has included left and right knee surgery, physical therapy, knee brace, oral medications and topical creams. Currently, the injured worker complains chronic bilateral knee pain. The injured worker states his knee is improving with physical therapy and knee brace and medications help him function. Physical exam noted slight atrophy of the VMO on exam of right knee. A request for authorization was submitted for a cold unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective purchase of cold therapy unit DOS 12/18/14:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - continuous flow cryotherapy.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines do address this issue in detail and only support this type of unit for short term (up to 7 days) immediately post operative use. Non-operative use is specifically "not recommended". There are no unusual circumstances to justify an exception to Guidelines. The purchase of a cold therapy unit DOS 12/18/14 is not supported by Guidelines and is not medically necessary.