

<b>Case Number:</b>	CM15-0070499		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Minnesota, Florida  
Certification(s)/Specialty: Orthopedic Surgery

### 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 62 year old female, who sustained an industrial injury on August 22, 2012, incurring left knee injuries after a slip and fall. She was diagnosed with a left knee meniscus tear and degenerative joint disease. Treatment included physical therapy, injections, ice, electrical stimulation, and home exercise program and pain management. She underwent a left knee arthroscopy with partial medial and partial lateral meniscectomies and plica resection on 1/14/2014. Currently, the injured worker complains of left knee pain with locking and popping .Her Xrays show end stage osteoarthritis. She has been certified for a total knee arthroplasty. The disputed request pertains to an associated surgical service of a cold therapy unit rental for 14 days. This was modified by utilization review citing ODG guidelines and is now appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLD THERAPY UNIT QTY 14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, topic: Continuous flow cryotherapy.

**Decision rationale:** ODG guidelines recommend continuous flow cryotherapy after knee surgery. It reduces pain, swelling, inflammation, and need for narcotics after surgery. The recommended use is for 7 days after surgery. Use beyond 7 days is not recommended. The request as stated is for a 14 day rental of cold therapy unit which is not supported by guidelines and as such, the request is not medically necessary.