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| <b>Case Number:</b>   | CM15-0073477 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 11/24/2014 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 04/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/17/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old male sustained an industrial injury to the left knee on 11/24/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, bracing and medications. Magnetic resonance imaging left knee (12/9/14) showed a partial tear of the medial collateral ligament, a complex degenerative tear in the body and posterior horn of the medial meniscus, full thickness pros defect in the medial femoral condyle and a sprain/partial tear at the meniscocapsular attachment. In an initial comprehensive orthopedic consultation dated 3/13/15, the injured worker complained of left knee pain with radiation to the calf and upper leg rated 5/10 on the visual analog scale. Physical exam was remarkable for left knee with medial joint tenderness to palpation and positive Apley's compression and McMurray's tests. Current diagnoses included left knee medial meniscus tear and chondral lesion mid femoral condyle. The treatment plan included left knee arthroscopic surgery with associated surgical services and postoperative treatment including crutches and a Hot/Cold Unit Aircast Cryo/Cuff Cold/Hot Compression x 4 weeks. The physician noted that a hot/cold contrast unit was preferred over simple ice and heat packs for additional benefits of compression, increased patient compliancy and the regulation of temperature to prevent over icing or heating.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Crutches:** Overturned

**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 & Leg (updated 02/27/2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment is requested for post knee surgical use. Review of the provided clinical documentation is complaint with guidelines as outlined above and therefore the request is medically necessary.

**Hot/Cold Unit Aircast Cryo/Cuff Cold/Hot Compression x 4 weeks:** 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 & Leg (updated 02/27/2015).

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. The request is for post-surgical use however the time limit for request is not defined. Per the ODG, cold therapy is only recommended for 7 days post operatively. The request is in excess of this amount and therefore is not medically necessary.