

<b>Case Number:</b>	CM14-0103193		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old male who reported an injury on 07/27/2012. The mechanism of injury was not provided. On 08/30/2014, the injured worker presented with right knee pain. An MRI of the right knee performed on 10/05/2012 revealed findings of prepatellar bursitis, arthrosis, and medial meniscal tear. The diagnoses were internal derangement, medial meniscus tear of the right knee, and early degenerative joint disease of the right knee. Prior therapy included surgery and medications. The provider recommended Q-tech cold therapy recovery system 21 day rental with wrap purchase for the right knee. The provider's rationale was not provided. The Request for Authorization form was dated 05/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-tech cold therapy recovery system 21 day rental with wrap purchase - right knee:**  
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 (Acute & chronic), continuous-flow cryotherapy.

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

**Decision rationale:** The request for Q-tech cold therapy recovery system 21 day rental with wrap purchase - right knee is not medically necessary. The Official Disability Guidelines state medical therapy recovery symptoms or continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The provider's request for a 21 day rental with wrap purchase exceeds the guideline recommendations of a 7 day period. There is a lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. As such, the request is not medically necessary.