

Case Number:	CM13-0002398		
Date Assigned:	12/11/2013	Date of Injury:	04/27/2013
Decision Date:	01/28/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, and is licensed to practice in Ohio, Pennsylvania, and Texas. 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 physician 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.

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 is a 50-year-old gentleman who was injured in a work related accident 04/27/13. Records indicate an injury to the right knee with an MRI scan of 05/15/13 showing findings consistent with an injury to the lateral femoral condyle and an isolated tear to the root of the anterior horn of the medial meniscus with a joint effusion. The claimant was seen by [REDACTED] on 07/01/13 where surgical intervention was recommended in the form of a right knee arthroscopy. Given the claimant's MRI findings and failed conservative care. At present there is a request for postoperative use of twelve additional session of formal physical therapy and a cold therapy unit for utilization in this case. Postoperative clinical records and notes are not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1020-1021. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 06/07/2013): Loose Body Removal Surgery (arthroscopy). Microfracture Surgery (subchondral drilling) ODG Indications for surgery-Microfracture surgery

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twelve sessions of additional therapy would not be indicated. Guideline criteria would recommend the role of up to six sessions of therapy given the physical therapy treatment in the postoperative

setting of a knee arthroscopy. The specific request for 12 sessions would exceed this guideline criteria and cannot be deemed necessary.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1015-1017, Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - 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 Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines, Cryotherapy device in this case cannot be supported. Cryotherapy is only recommended for up to seven days including home use per Official Disability Guidelines following knee arthroscopy. The specific request in this case fails to give a timeframe for which the device would be utilized. The lack of parameters given would fail to necessitate its use in the postoperative setting at this time.