

<b>Case Number:</b>	CM13-0005969		
<b>Date Assigned:</b>	08/23/2013	<b>Date of Injury:</b>	12/16/2005
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 California. 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. e/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 claimant is a 65-year-old gentleman who was injured in a work related accident 12/16/05. The mechanism of injury was not documented. The clinical records indicate a complaint of right knee pain for which the claimant is with a diagnosis of tricompartmental arthrosis. The claimant's most recent clinical assessment for review is a 06/26/13 assessment with [REDACTED], [REDACTED], where he was given a diagnosis of status post right knee arthroscopy and meniscectomy with grade IV chondromalacia. He noted at that time that the claimant's right knee demonstrated significant varus deformity with marked joint space narrowing and bone on bone articulation. He indicated conservative care that had failed in regards to treatment of arthritis and a right knee replacement was recommended. Clinical records at present indicate a request for need of 18 sessions of postoperative physical therapy and the purchase of a Polar Care unit in the postoperative setting. Records do not indicate that the right knee replacement procedure has taken place at present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME purchase -post op polar care:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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/ACOEM Guidelines do not apply. When looking at Official Disability Guidelines in regards to cryotherapy device, the claimant's need for purchase would not be indicated. Recent clinical research and Official Disability Guidelines states that, "cryotherapy after total knee arthroplasty yields no apparent lasting benefit and current literature does not support the routine use of cryotherapy after total knee arthroplasty". The role of this modality as stated above has not been supported in the total joint arthroplasty setting. The specific request in this case cannot be supported.

**Physical therapy post-op 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Postsurgical Rehabilitative Guidelines, 18 sessions of physical therapy would not be indicated. California MTUS Postsurgical Rehabilitative Guidelines following knee replacement procedure recommends "24 visits over 10 weeks". Given the initial one half rule of therapy an initial 12 sessions of therapy would be indicated. The requested 18 sessions of therapy would exceed clinical guideline criteria for initial care and thus cannot be supported as medically necessary at present.