

<b>Case Number:</b>	CM13-0017181		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Connecticut, North Carolina, and Pennsylvania. 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:

The claimant is a 57-year-old who sustained an injury to her left knee on 08/10/10. Clinical records for review specific to the claimant's left knee revealed an MRI report of 08/22/13 showing nondisplaced horizontal trabecular fractures at both the distal femur and proximal tibia consistent with a stress response/bone contusion. There was evidence of a prior left intramedullary rod in the femur with no evidence of meniscal or ligamentous tearing. Follow up assessment with [REDACTED] on 09/16/13 documented continued complaints of pain. He reviewed the MRI report and noted minimal arthritic change. Based on the current findings, [REDACTED] recommended surgery in the form of a left knee arthroscopy and debridement. Further clinical records or recent conservative care is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left knee arthroscopy with debridement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Procedures Section.

**Decision rationale:** Based on the Knee Complaints Chapter of the ACOEM Practice Guidelines and supported by Official Disability Guidelines criteria, the proposed surgical process in this case would not be indicated. There is a lack of current internal findings on MR imaging that would support the acute need of a surgical arthroscopy. A recent MRI scan demonstrated a contusion to the medial aspect of the joint, but demonstrated no evidence of ligamentous or cartilaginous pathology. The role of the surgical process and absence of the above findings as well as lack of recent physical examination findings demonstrating mechanical pathology would not support the need for procedure. The request for left knee arthroscopy with debridement is not medically necessary or appropriate.

**Thermo cool hot and cold contrast therapy with compression for 60 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Procedures Section, Game Ready's accelerated recovery system.

**Decision rationale:** The Physician Reviewer's decision rationale: The CA MTUS Guidelines are silent. When looking at Official Disability Criteria, the role of combination therapy devices, in this case a heat and cold therapy unit would not be indicated. ODG Guideline criteria indicates that there are no quality studies demonstrating the efficacy of combination therapy systems. The specific request in this case would not be supported. The request for thermo cool hot and cold contrast therapy with compression for 60 days is not medically necessary or appropriate.

**3. A CPM (continuous passive motion) machine for 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Knee Procedures Section, Continuous Passive Motion (CPM).

**Decision rationale:** The Physician Reviewer's decision rationale: According to the Official Disability Guidelines, as the California MTUS Guidelines are silent, a 30 day rental of a CPM device would not be supported. Official Disability Criteria would not recommend the role of CPM following simple surgical arthroscopy. Furthermore, the acute need of surgical process in this case has not been established therefore, the CPM would not be medically necessary. The request for CPM machine for 30 days is not medically necessary or appropriate.

**Combo care 4 - electrotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 118-120.

**Decision rationale:** The Physician Reviewer's decision rationale: Based on CA MTUS Chronic Pain Guidelines, the combination therapy device would not be supported. The role of surgical process in this case has not been established thereby failing to support the role of this postoperative device, which in and of itself would not be supported due to the neuromuscular electrical stimulator component, which is not supported in the acute or chronic pain setting. The request for combo care 4 - electrotherapy is not medically necessary or appropriate.

**Deep vein thrombosis prophylaxis:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

**One pair of mobility crutches:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.

**12 sessions of post-operative physical therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary or appropriate.