

Case Number:	CM13-0026150		
Date Assigned:	11/22/2013	Date of Injury:	09/10/2012
Decision Date:	03/14/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation 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. 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 patient is a 56-year-old male who reported an injury on 09/10/2012. The mechanism of injury was a fall and resulted in a lateral torn meniscus of his left knee. After conservative care failed, an MRI was performed on an unknown date, and it confirmed a tear of the lateral meniscus. Therefore, arthroscopic surgery was performed on 02/11/2013. Despite the surgery, he continued to have significant left knee pain. A repeat MRI done on 05/31/2013 (unofficial) showed a recurrent tear of the lateral meniscus with some subchondral edema at the lateral femoral condyle. The patient continued to have pain that was tolerable with medications and use of crutches. It was decided that further surgery would be needed to repair the meniscal tear, and it was performed on 10/07/2013. It is reported on the clinical note dated 11/01/2013, that this request was previously modified to one (1) week of cryotherapy and nine (9) visits of physical therapy that was agreed upon by the surgeon. Since the surgery, the patient reports an improvement in symptoms and is no longer utilizing crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative cold therapy unit rental for two (2) 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), Treatment Index, 11th Edition (web), 2013, Knee and Leg - 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 & Leg, Continuous-flow Cryotherapy

Decision rationale: The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery, and may be used up to seven (7) days. Although studies show that cryotherapy has a statistically significant benefit in controlling postoperative pain, the current request exceeds guideline recommendations. As such, the request for postoperative cold therapy unit rental for 2 weeks is non-certified.

Nine (9) post operative physical therapy sessions, three (3) times per week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines recommend up to twelve (12) visits of postoperative physical therapy for a partial meniscectomy of the knee; however, it is recommended that six (6) initial visits be approved, and extension of treatment be based on the objective findings of functional improvement. Although the patient would benefit from postoperative therapy, the current request for nine (9) treatments exceeds guideline recommendations. As such, the request for nine (9) postoperative physical therapy sessions, three (3) times per week for three (3) weeks is non-certified.