MAXIMUS Federal Services

Case Number:	CM13-0028646		
Date Assigned:	11/27/2013	Date of Injury:	02/19/2013
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

[redacted] is a 56 year old woman who sustained a work related injury to her right knee on February 19, 2013. She underwent a right knee arthroscopy with partial medial meniscectomy on May 20 2013. She was treated with conservative therapies. On the evaluation of June 12, 2013, [redacted] reported that the patient had right knee and lower back pain. Her physical examination showed limited range of motion of the right knee and lumbar spine. She was ambulating with crutches. The provider is requesting authorization for Durable Medical Equipment (DME) cold therapy and physical therapy post-op quantity 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME cold therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 174, 203.

Decision rationale: According to MTUS guideline, at home local application of cold packs during the first few days of acute complaints is recommended. Furthermore patient's at home applications of heat or cold packs may be used before or after exercises and are as effective as

those performed by the therapist. There is no evidence from the patient file that home application of ice is not effective to control the post op pain.

Physical therapy post-op qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 24.

Decision rationale: According to MTUS guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharges for total knee arthroplasty result in small to moderate short term but not long term benefit. Although physical therapy is approved by MTUS, a reduced number (6 rather than 12) is indicated to test its efficacy to reduce the pain and demonstrated functional improvement.