

<b>Case Number:</b>	CM13-0036319		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. 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 female who was injured on December 12, 2011. Recent clinical records for review include a November 07, 2013 assessment indicating that the claimant is two weeks following a left knee arthroscopy with mild pain about the knee, stating that she is starting a course of formal physical therapy. She denies new injury. Physical exam showed tenderness at the patellofemoral joint and patellar tendon with no effusion, well healed wounds, and a mild antalgic gait. Motion was mildly diminished at 0 to 130 degrees. Impression was status post left knee arthroscopy with medial synovial plica excision with cervical sprain and underlying degenerative disc disease. The recommendations at that time were to start a course of formal physical therapy for the claimant's left knee. Clinical records in this case recommend the role of a four week use of a cryotherapy device, a "home therapy exercise kit" for purchase, as well as additional physical therapy for the neck and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for the rental of a Cold Therapy Unit for four (4) weeks: 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 (ODG), Knee Procedure, and Continuous-flow cryotherapy.

**Decision rationale:** Based on the Official Disability Guidelines criteria, as California MTUS Guidelines are silent, the cryotherapy device rental for four weeks is not supported. Records would only indicate the role of a cryotherapy device for seven days including home use in the post-op knee arthroscopy setting. Therefore the request for the rental of a Cold Therapy Unit for four (4) weeks is not medically necessary and appropriate.

**The request for the purchase of a Home Therapy Exercise kit:** 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 (ODG), Shoulder Procedure, Home exercise kits.

**Decision rationale:** The California MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria, home exercise kits in this case would not be indicated. While home exercise can be beneficial, the claimant is also undergoing a course of physical therapy to the knee with a recent examination showing no evidence of functional deficit. The use of a home exercise "therapy kit", in addition to the other forms of treatment and therapeutic intervention, being utilized would not be indicated. Therefore the request for the purchase of a Home Therapy Exercise kit is not medically necessary and appropriate.

**The request for additional Physical Therapy for the neck and right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the California MTUS Postsurgical Rehabilitative Guidelines and supported by the California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy for both the neck and right knee in this case is not supported. The records would not indicate the acute need for physical therapy to the neck. Given the concordant diagnosis in this case, the role of physical therapy at this chronic stage in the claimant's clinical course of care to the cervical spine, even in light of recent knee procedure, would not be indicated. Therefore the request for additional Physical Therapy for the neck and right knee is not medically necessary and appropriate.