

<b>Case Number:</b>	CM13-0036819		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Minnesota. 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 expert 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 injured worker is a 63 year old male with an injury date of 09/16/2010 who reported gradual onset of pain in the right knee and right foot throughout the course of employment and attributed damage to repetitive walking and pushing carts. Surgery was recommended for the right knee at that time but he declined. Of note in 2004 he saw an orthopedic surgeon and was referred to a chiropractic doctor and went out on medical leave from work. Over time the symptoms worsened and he was placed on total temporary disability. He was diagnosed with left shoulder impingement syndrome and adhesive capsulitis, cervical spinal stenosis C5-6, moderate, cervical spondylosis, gouty arthritis, partial tear of medial and lateral menisci right knee, tear lateral meniscus free edge left knee, and probable discogenic low back pain with acute exacerbation. He has been certified by UR for right knee arthroscopy, treatment of internal derangement, and modified post-operative physical therapy. A request for surgi-stim rental times six weeks post operatively was denied by Utilization Review on 10/04/2013. A request for 6 weeks rental of a cryotherapy unit was modified to 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy 3 times per week for 8 weeks (24 sessions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25, 10, 11.

**Decision rationale:** Post-surgical physical medicine guidelines indicate an initial course of therapy of 6 visits for old meniscal tears and chondromalacia. With documented objective evidence of functional improvement a subsequent course of therapy of up to another 6 visits may be prescribed. The general course of therapy is 12 visits over 12 weeks. If after completion of the therapy it is determined that additional objective functional improvement can be accomplished the treatment can be continued until the end of the physical medicine period. The post-surgical physical medicine treatment period is 4 months. The requested 24 sessions exceed the guidelines and are not medically necessary.

**Cryotherapy unit (rental for 6 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- Treatment in Worker's Compensation, Continuous-flow cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS does not address this issue. ODG guidelines were used

**Decision rationale:** ODG guidelines (Section: Knee, Topic: Continuous flow cryotherapy) recommend post-operative use of continuous flow cryotherapy as an option for 7 days after knee surgery. Use beyond 7 days is not recommended. Therefore the request for 6 weeks rental of the cryotherapy unit is not supported by evidence based guidelines and is not medically necessary.