

<b>Case Number:</b>	CM13-0048071		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 57-year-old female with date of injury of 09/12/2011. Per treating physician's report, 09/17/2013, listed diagnoses are: (1) history of left knee arthroscopy, 04/26/2012. (2) Chronic persistent left knee pain. (3) Recurrent tear of the medial meniscus with displaced fragment. (4) Lateral meniscus tear. This patient presents with persistent and severe pain in her left knee with limited motion, recurrent swelling, and giving away. Treatment and plan was for diagnostic arthroscopy, possible meniscectomy. Surgery is requested for authorization including postoperative therapy, 24 sessions, postoperative pain medication. Utilization review letter from 10/15/2013 shows that diagnostic arthroscopy, assistant surgeon, 6 sessions of postoperative physical therapy, 1 cold therapy unit 7 days rental were authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 Post-Op Physical Therapy Visits: 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).

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

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with persistent pain in the knee despite prior arthroscopic surgery. Updated imaging studies apparently showed persistent meniscal tear with fragmentation. The treating physician has asked for repeat arthroscopic surgery. This request was authorized per utilization review letter, 10/15/2013. The treating physician has requested 24 sessions of postoperative therapy which has been modified to 6 sessions per UR letter. MTUS Guidelines, under postoperative physical therapy section, recommends 12 sessions of postsurgical treatment following meniscectomy for care of medial/lateral cartilage/meniscus of knee. In this case, the request for 24 sessions of postoperative therapy exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.

**Cold Therapy Unit:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient has been authorized for repeat arthroscopic surgery to address meniscal tear. The treating physician has asked for cold therapy unit. Unfortunately, I was not able to locate request for authorization form, progress report describing the specific request. Utilization review letter, 10/15/2013, has "one cold therapy unit (7 days rental or purchase) between 10/09/2013 and 11/23/2013" as the specific treatment plan requested. This request was authorized for 7-day rental of the cold therapy unit. The recommended 7-day rental cold therapy unit following knee surgery is consistent with ODG Guidelines recommendations. MTUS and ACOEM Guidelines do not discuss continuous flow cold therapy, but ODG Guidelines supports up to 7 days rental following knee surgery. Recommendation is for denial of purchase of cold therapy unit. Seven-day rental has already been authorized following surgery.