

<b>Case Number:</b>	CM13-0051937		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/20/2007
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 claimant is a 50-year-old female who was injured in a work related accident on August 20, 2007. Specific to the claimant's left knee, clinical records for review include prior surgical process including an arthroscopy and abrasion arthroplasty performed on November 12, 2008. The recent clinical imaging including a September 12, 2013 MRI scan of the left knee demonstrated grade III chondral change to the weight bearing portion of the medial femoral condyle with chondromalacia of the patella and vertical tearing to the medial meniscus. The recent assessment of October 3, 2013 indicated ongoing complaints of pain about the left knee reviewing the MRI scan. Her physical examination demonstrated a positive McMurray's test, medial joint line tenderness, patellofemoral swelling and normal tracking. The claimant was diagnosed with a left knee medial meniscal tearing. Surgical process was recommended in the form of surgical arthroscopy. It indicates recent radiographs demonstrated preserved medial joint space despite MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cervical, Lumbar, Shoulder and Knee 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:** The California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, cryotherapy device would not be indicated. The timeframe for use of the device is not noted. Guidelines only support the role of cryotherapy device for up to seven days including home use. The lack of documentation of timeframe for use of the device at this time would fail to necessitate its role in the claimant's postoperative course of care.

**Left knee brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines-

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** Based on California MTUS Guidelines, a knee brace would not be indicated. While knee bracing is indicated for instability, the surgical process to include a partial meniscectomy in and of itself is not clinical criteria to support the role of immobilization. The role of this specific request in the claimant's postoperative course of care would not be indicated.