

Case Number:	CM13-0063518		
Date Assigned:	12/30/2013	Date of Injury:	05/28/2013
Decision Date:	05/22/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 & 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:

The patient is a 49-year-old male with a date of injury of 05/28/2013. The listed diagnoses according to [REDACTED] are: 1. Right and left shoulder, no current clinical evidence of abnormality. 2. Right knee lateral meniscus tear. 3. Left knee, no current clinical evidence of abnormality. 4. Complaints of anxiety. According to report dated 10/17/2013 by [REDACTED], the patient presents with bilateral shoulder and bilateral knee pain. On examination of the knee, the patient presented with tenderness to palpation over the right knee lateral joint line. He is able to walk on his toes and heels, however, complains of right knee pain. He does have a positive McMurray's. There is popping and crepitus during range of motion testing. There is pain during range of motion testing on the right as well. There is lateral joint line tenderness on the right. McMurray's test and Apley's test are both positive on the right. Patient was administered an intra-articular cortisone injection which gave him significant pain relief indicating that the source of pain is within the joint. Treatment recommendations: right knee arthroscopy, 12 sessions of postoperative physiotherapy, and 30-day trial of interferential unit for postoperative use. MRI of the right knee form 08/09/2013 revealed a tear of the posterior horn of the medial meniscus

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF POSTOPERATIVE PHYSIOTHERAPY FOR THE RIGHT KNEE:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: This employee presents with a right knee medial meniscus tear. Utilization review dated 11/20/2013 certified the request for the right knee arthroscopy. The treating provider is requesting 12 post operative physical therapy. The Utilization review modified the certification to 6 stating, "Initial post-op PT is defined as a portion of the allowed number of the remainder conditional on reporting of benefit/functional improvement." The MTUS guidelines page 24-25 recommend for post surgical treatment after meniscectomy 12 visits over 12 weeks. Given the employee has been approved for the arthroscopy, the 12 post operative physical therapy is medically necessary and recommendation is for approval.

7 DAY RENTAL OF AN IF UNIT/COLD UNIT TRIAL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION INTERFERENTIAL CURRENT STIMULATION (ICS) Page(s): 118-120.

Decision rationale: This employee presents with a right knee medial meniscus tear. Utilization review dated 11/20/2013 certified the request for the right knee arthroscopy. The treating provider is requesting a 30 day rental of interferential unit. Utilization review modified certification to from 30 days to 7 days rental and applied the ODG continuous-flow cryotherapy guidelines. The MTUS Guidelines page 118 to 120 indicate that interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." The MTUS further states, "If those criteria are met, then a one-month trial may be appropriate..." In this case, the employee has been approved for a knee arthroscopy and a one month trial of an IF unit is appropriate. Recommendation is for approval. [REDACTED]

[REDACTED]