

Case Number:	CM13-0064655		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2013
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 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 patient is an employee of [REDACTED] and has submitted a claim for right knee internal derangement including medial meniscus tear, lateral meniscus tear, and anterior cruciate deficiency associated with an industrial injury date of 03/26/2013. Treatment to date has included cold pack, physical therapy, and medications including Tylenol, Naproxen, Xanax, Cytopram, and Norco. Utilization review from 12/04/2013 denied the requests for one cold unit because although the medical necessity has been established, the causal relationship of the current signs and symptoms was not readily apparent; and post-operative physiotherapy to right knee due to unspecified duration and frequency of treatment. Medical records from 2013 to 2014 were reviewed showing that patient complained of locking and giving way of the right knee with associated pain. Physical examination showed medial and posterolateral joint line tenderness of the right knee with soft tissue swelling and effusion. There was full range of motion in the lower extremities. No atrophy was noted. Apley's grind and McMurray's tests were positive. Lachman's maneuver cannot be generated. Straight leg raising was intact. Motor strength was 5/5 at all extremities. Deep tendon reflexes were hypoactive bilaterally. Sensation was decreased in the bilateral L5 distribution. MRI of the right knee, dated 07/31/2013, revealed moderate joint effusion; subtle degenerative type tear of the lateral meniscus more pronounced anteriorly; well-defined anterior cruciate ligament was not visualized; suspect ACL tear; and collateral ligaments intact. Current treatment plan is arthroscopy of the right knee including posterior meniscectomy and anterior cruciate ligament repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE COLD UNIT (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous flow cryotherapy

Decision rationale: CA MTUS does not specifically address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage. In this case, the treatment plan for the patient is arthroscopy of the right knee including posterior meniscectomy and anterior cruciate ligament repair. The medical necessity for a cold unit appears to be consistent with the MTUS guidelines noted above, however, there's no discussion as to why a rental unit cannot suffice as the guideline recommend rentals for 7 days only. Therefore, the request for one cold unit (purchase) is not medically necessary.

POST OPERATIVE PHYSIOTHERAPY FOR THE RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend up to 24 post-operative physical therapy visits for this condition and continued treatment with documented objective evidence of derived functional benefit. In this case, the treatment plan for the patient is arthroscopy of the right knee including posterior meniscectomy and anterior cruciate ligament repair. The medical necessity for post-operative physical therapy appears to be consistent with the MTUS guidelines noted above, however, the request did not specify the number of treatment sessions. Therefore, the request for post-operative physiotherapy for the right knee is not medically necessary.