

<b>Case Number:</b>	CM13-0065100		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 applicant is a represented employee who has filed a claim for chronic knee pain associated with an industrial injury of May 12, 2010. Thus far, the applicant has been treated with following: analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; earlier knee ACL reconstruction surgery; and consultation with a knee surgeon, who has endorsed further knee surgery. On December 2, 2013, the attending provider writes that the applicant is still awaiting authorization for knee surgery. The applicant reports persistent knee pain. The applicant is using Naprosyn and a topical compounded cream containing Flexeril. The applicant is returned to modified work, on paper, although it is not clearly stated whether the applicant's limitations have been accommodated. A July 16, 2013, MR arthrogram is notable for evidence of an ACL reconstruction with possible evidence of a subtle meniscal re-tear versus scarring associated with the previous meniscectomy. Chondromalacia is also appreciated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WATER CIRCULATING COLD PAD WITH PUMP/COLD COMPRESSION 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, Knee section

**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 topic

**Decision rationale:** The California MTUS Guidelines do not address the topic. As noted in the Official Disability Guidelines, continuous-flow cryotherapy is recommended as an option for postoperative use, for up to seven days. Long-term usage of continuous-flow cryotherapy beyond seven days of postoperative use is not recommended. A request for postoperative purchase of the device cannot be supported. Therefore, the requested unit is not medically necessary or appropriate.

**PHYSICAL THERAPY (3 TIMES PER WEEK FOR 4 WEEKS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 1- 25.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** In this case, neither the attending provider nor the claims administrator has clearly stated precisely what knee surgery the applicant is undergoing. Since the applicant's knee pathology seemingly pertains to derangement of the medial meniscus, one can reasonably infer that a meniscectomy procedure is planned. The California MTUS Guidelines support an initial course of therapy of 6 sessions. The 12-session course of treatment proposed by the attending provider, thus, does not conform to the MTUS parameters. Accordingly, the request physical therapy is not medically necessary or appropriate.