

Case Number:	CM13-0066278		
Date Assigned:	01/03/2014	Date of Injury:	01/22/2013
Decision Date:	05/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation 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:

This 59 year-old male sustained an injury on 1/22/13 while employed by [REDACTED]. Requests under consideration include additional 12 post operative physical therapy sessions for left knee and purchase of a cold unit. The Patient Is S/P Left Knee Arthroscopy with Partial Medial Meniscectomy On 9/11/13 and has been authorized 12 postoperative physical therapy visits. Report of 10/24/13 from the provider noted patient with complaints of left shoulder and knee pain. Exam showed left knee tenderness, effusion, crepitus, atrophy of left quadriceps with antalgic gait. Requests above for additional 12 PT visits and purchase of cold therapy unit were non-certified on 11/27/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST OPERATIVE PHYSICAL THERAPY SESSIONS: 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, Postsurgical Treatment Guidelines Page(s): 14-15.

Decision rationale: This 59 year-old male sustained an injury on 1/22/13 while employed by [REDACTED]. Requests under consideration include additional 12 post operative physical therapy sessions for left knee and purchase of a cold unit. The patient is s/p left knee arthroscopy with partial medial meniscectomy on 9/11/13 and has been authorized 12 post-operative physical therapy visits. Report of 10/24/13 from the provider noted patient with complaints of left shoulder and knee pain. Exam showed left knee tenderness, effusion, crepitus, atrophy of left quadriceps with antalgic gait. The patient has been authorized 12 pt sessions. The chronic pain guidelines, post-operative therapy allow for 12 visits over 12 weeks for arthroscopic meniscectomy over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's arthroscopy is now almost 8 months without documented functional limitations or complications to allow for additional physical therapy. There is no reported functional improvement from treatment already rendered nor what limitations are still evident for further therapy. The additional 12 post operative physical therapy sessions for left knee is not medically necessary and appropriate.

PURCHASE OF A COLD 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) Knee Chapter, Page 292:

Decision rationale: This 59 year-old male sustained an injury on 1/22/13 while employed by [REDACTED]. Requests under consideration include ADDITIONAL 12 POST OPERATIVE PHYSICAL THERAPY SESSIONS FOR LEFT KNEE and PURCHASE OF A COLD UNIT. The patient is s/p left knee arthroscopy with partial medial meniscectomy on 9/11/13 and has been authorized 12 post-operative physical therapy visits. Regarding Cold therapy, guidelines state it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. The request for authorization does not provide supporting documentation for purchase beyond the guidelines criteria. There is no documentation that establishes medical necessity or that what is requested is medically reasonable outside recommendations of the guidelines. The request for a Cold therapy unit purchase does not meet the requirements for medical necessity. MTUS Guidelines is silent on specific use of cold compression therapy, but does recommend standard cold pack for post exercise. ODG Guidelines specifically addresses the short-term benefit of cryotherapy post knee surgery; however, limits the use for 7-day post-operative period as efficacy has not been proven after. The PURCHASE OF A COLD UNIT is not medically necessary and appropriate.