

Case Number:	CM13-0068939		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2012
Decision Date:	04/14/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 and Rehabilitation and is licensed to practice in Oklahoma. 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 a 40-year-old female who reported an injury on 03/28/2012. The injury was noted to have occurred when she was at work and felt a pop in her right knee when she bent down. She is diagnosed with status post right knee arthroscopy on 06/15/2012 and rule out recurrent meniscal pathology. At an appointment on 09/19/2013, the patient reported persistent right knee pain. Her physical examination findings were noted to be unchanged. A treatment plan was recommended for a diagnostic arthroscopy of the right knee as the patient was noted to have failed conservative treatment. Authorization was also to be requested for 24 sessions of postoperative therapy and postoperative pain medication. At her followup visit on 10/31/2013, her physical examination findings were noted to include mild tenderness to palpation of the medial joint line, tenderness over the patellofemoral compartment, crepitus with range of motion, and a negative McMurray's test. It was noted the patient had an MR arthrogram on 10/29/2013 which revealed degenerative joint disease without evidence of a recurrent meniscal tear. Therefore, recommendation was made for Orthovisc injections for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy twice a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: According to the California MTUS, Postsurgical Guidelines, physical therapy is recommended following surgery for derangement of the meniscus or for chondromalacia of the patella at 12 visits over 12 weeks. Guidelines also state an initial course of therapy should be equal to half the number of visits specified in the general course of therapy for a specific surgery. Therefore, an appropriate initial course of therapy following diagnostic arthroscopy and possible meniscal repair is 6 visits. Therefore, the request for postsurgical physical therapy twice a week for 12 weeks far exceeds the guidelines recommendation for initial course of physical therapy. Additionally, the clinical information submitted for review failed to provide any clinical notes after the patient's office visit on 10/31/2013. In that note, it was noted a meniscal tear had been ruled out with MR Arthrography. As such, it is unclear whether the patient's treatment plan continued to include an arthroscopic procedure. In the absence of more recent clinical information with details regarding the plan of her surgery and as the request exceeds

postoperative cold therapy unit for 7 days or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 388. Decision based on Non-MTUS Citation ODG-TWC Knee Procedure Summary, last updated 6/7/2013

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

Decision rationale: According to Official Disability Guidelines, continuous-flow cryotherapy may be recommended as an option for postoperative use up to 7 days, including home use. As the guidelines specify that continuous-flow cryotherapy is only recommended for 7 days postoperatively, the request for postoperative cold therapy unit for 7 days or purchase is not supported. Additionally, the clinical information submitted for review failed to provide any clinical notes after the patient's office visit on 10/31/2013. In that note, it was noted that a meniscal tear had been ruled out with MR Arthrography. As such, it is unclear whether the patient's treatment plan continued to include surgery. Therefore, as continuous-flow cryotherapy is only recommended for postoperative use for 7 days, the request includes possible purchase, and there was no evidence of an updated plan for surgery.