

<b>Case Number:</b>	CM14-0008381		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 38-year-old male with a date of injury of July 20, 2012. The patient has chronic left knee pain. Left knee MRI from November 2013 shows posterior medial meniscus tear. There is also tearing of the lateral meniscus. There is a defect on the medial femoral condyle from an old osteochondral injury. The patient continues to complain of knee pain. The patient is allergic to Advil and muscle relaxants. He is taking narcotic medicine. He's diagnosed with internal knee derangement. He has had physical therapy an intra-articular injection with only 2 weeks of improvement. The patient has been indicated for left knee arthroscopy. At issue is whether postoperative CPM and cold therapy a medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUOUS PASSIVE MOTION (CPM) FOR 30 DAYS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG knee chapter

**Decision rationale:** ODG guidelines do not recommend the use of home CPM after knee arthroscopy surgery. There is no documentation that this patient will not be able to participate in exercise physical therapy postoperatively. ODG guidelines do not support the use of CPM after knee arthroscopy in patients who are eligible for postoperative physical therapy. Postoperative CPM not medically necessary.

**COMBOCARE 4 UNIT IF UNIT ELECTROTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG knee chapter

**Decision rationale:** ODG guidelines recommend the use of cold therapy for 7 days postoperatively. ODG guidelines do not recommend the use of combo hot cold therapy. In addition, cold therapy can be achieved using ice packs in a conventional manner. The use of the combined heat cold device has not been shown to improve outcomes after knee surgery. Guidelines do not support the use of the combined heat cold device after knee surgery.

**DEEP VEIN THROMBOSIS (DVT) PROPHYLACTIC UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG knee chapter

**Decision rationale:** Knee arthroscopy surgery has been shown to be a very low risk for postoperative DVT development. Therefore, the use of DVT preventative devices affect the surgery is not medically necessary. Guidelines do not support the use of DVT prevention devices after routine knee arthroscopy surgery.

**THERMOCOOL HOT AND COLD CONTRAST THERAPY WITH COMPRESSION FOR 60 DAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG knee chapter

**Decision rationale:** ODG guidelines recommend the use of cold therapy for 7 days postoperatively. ODG guidelines do not recommend the use of combo hot cold therapy. In addition, cold therapy can be achieved using ice packs in a conventional manner. The use of the combined heat cold device has not been shown to improve outcomes after knee surgery. Guidelines do not support the use of the combined heat cold device after knee surgery.