

Case Number:	CM14-0017823		
Date Assigned:	04/16/2014	Date of Injury:	03/04/2004
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 claimant, a 60-year-old gentleman, injured his left knee on March 4, 2004. A request for left knee arthroscopy with partial medial meniscectomy was approved upon utilization review on January 13, 2014. This request is for twelve (12) sessions of formal, postoperative physical therapy and the purchase of a cryotherapy device, also for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This request is for initial physical therapy sessions. The records provided for review do not document any utilization to date of physical therapy postoperatively. The Postsurgical Guidelines recommend up to twelve (12) physical therapy sessions over twelve (12) weeks following this surgery. Therefore, the request for twelve (12) sessions would fall within guidelines criteria and be indicated as medically necessary.

COLD THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: The MTUS/ACOEM Guidelines recommend that the topical application of cold in the acute setting can be utilized. The purchase of the above device for application of that therapy or the use of the device beyond a typical course of seven (7) days would not be indicated. Therefore, this request is not medically necessary.