

Case Number:	CM14-0018007		
Date Assigned:	04/16/2014	Date of Injury:	01/30/2013
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
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 is a 54-year-old gentleman who injured his left shoulder in a work related accident on March 28, 2012. There was a secondary injury to the right knee. The claimant's shoulder has been treated surgically with Bankart repair in October of 2013. Specific to the claimant's right knee, there is a November 27, 2013 request for surgical arthroscopy, lateral retinacula release, lysis of adhesions and synovectomy. The diagnostic arthroscopy was certified by Utilization Review process. At present there are postoperative requests in regards to this claimant's right knee for twenty-two initial sessions of physical therapy, a purchase of a cryotherapy device and a CPM machine for a non-specified period of time. There is no documentation that this surgery has yet to have occurred.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY 22 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL GUIDELINES, PHYSICAL MEDICINE GUIDELINES, 24 AND 25

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, CA MTUS 2009 POST SURGICAL REHABILITATION,

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, twenty-two sessions of physical therapy following knee arthroscopy would not be supported. Guidelines would recommend the role of up to twelve sessions of physical therapy in the postoperative setting. The initial clinical request for twenty-two sessions of therapy would not be indicated.

COLD THERAPY UNIT, PURCHASE: 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 MTUS: ACOEM, 2ND EDITION, (2004) 13, 337-339

Decision rationale: California ACOEM Guidelines do recommend the role of topical application of cold therapy in the acute setting; however, the purchase of a cryotherapy device would exceed Guideline criteria and would not be indicated. When specifically looking at cryotherapy devices, they are typically not recommended for longer than an initial seven days following surgical process to the knee.

CPM MACHINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: California MTUS Guidelines are silent regarding the use of CPM in the knee. When looking at Official Disability Guideline criteria, the specific request would not be supported. While CPM can be utilized for ligamentous reconstruction and joint arthroplasty there is no current indication for its use following a knee arthroscopy the specific request in this case would not be supported.