

Case Number:	CM14-0018932		
Date Assigned:	04/23/2014	Date of Injury:	10/02/2008
Decision Date:	07/03/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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:

This is a 59 year old male with industrial injury 10/2/08. Exam note 11/13/13 demonstrates report of pain worse with walking. Complaint of burning and swelling. Pain level rated as 5/10 on VAS scale. Positive medial tenderness with swelling and limping during ambulation on right knee. MRI right knee 12/6/13 demonstrates partial tearing ACL with tricompartmental osteoarthritis. Medial meniscus with noted partial meniscal resection. Lateral meniscus with tearing at the posterior meniscal root.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST- OP PHYSICAL THERAPY, QUANTITY: 12 (FOLLOWING APPROVED DIAGNOSTIC OPERATIVE ARTHROSCOPY OF THE RIGHT KNEE W/ PARTIAL LATERAL MENISCECTOMY): 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: Per the CA MTUS Post Surgical Treatment Guidelines page 25, following knee arthroscopy for meniscal pathology, 12 visits over 12 weeks are recommended. The

guidelines recommend of the authorized visit initially therefore 6 visits are medically necessary. As the request exceeds the 6 visits, the request is not medically necessary.

POST-OP PURCHASE OF COLD THERAPY UNIT (FOLLOWING APPROVED DIAGNOSTIC OPERATIVE ARTHROSCOPY OF THE RIGHT KNEE W/ PARTIAL LATERAL MENISCECTOMY): 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 and Leg, Continuous Flow Cryotherapy.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of cryotherapy. According to the Official Disability Guidelines (ODG), Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the request is not medically necessary.

POST-OP PURCHASE OF ELECTRICAL STIM UNIT (FOLLOWING APPROVED DIAGNOSTIC OPERATIVE ARTHROSCOPY OF THE RIGHT KNEE W/ PARTIAL LATERAL MENISCECTOMY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, TENS may be used as an adjunct to a program of evidence-based functional restoration, for the conditions such as chronic regional pain syndrome. The guidelines do not make any reference to immediate postoperative use of a TENS unit. There is no evidence in the cited records of chronic neuropathic pain to warrant use following knee arthroscopy. The request is not medically necessary.