

<b>Case Number:</b>	CM14-0122354		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/27/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old male with a 2/27/14 date of injury. At the time (7/1/14) of request for authorization for Right Knee Post Operative Cold Therapy and Post Operative Physical Therapy 12 sessions, there is documentation of subjective (right knee pain with catching, locking, and popping and numbness and tingling radiating to the right ankle) and objective (tenderness to palpitation over the right knee, positive McMurray's sign, patellofemoral pain, crepitance with range of motion, and decreased range of motion of the right knee, ) findings, current diagnoses (right knee complex tear of medial meniscus and right knee horizontal tear of the lateral meniscus), and treatment to date (activity modification, physical therapy, chiropractic treatments, knee brace, and medications). Medical reports identify a right knee video arthroscopy with medial and lateral meniscectomies that has been authorized/certified. Regarding Post Operative Cold Therapy, there is no documentation that the requested cold therapy will be used postoperatively for up to 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee Post Operative Cold Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (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, Continuous-flow cryotherapy

**Decision rationale:** MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended postoperatively for up to 7 days, including home use. In addition, there is documentation of a right knee video arthroscopy with medial and lateral meniscectomies that has been authorized/certified. However, there is no documentation that the requested cold therapy will be used postoperatively for up to 7 days. Therefore, based on guidelines and a review of the evidence, the request for Right Knee Post Operative Cold Therapy is not medically necessary.

**Post-Operative Physical Therapy 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Therapy (PT)

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of severe Osteoarthritis of the right knee, status post right knee replacement, and right knee arthrofibrosis with severe pain. In addition, there is documentation of a right knee video arthroscopy with medial and lateral meniscectomies that has been authorized/certified. However, the requested Post-Operative Physical Therapy 12 sessions, exceeds guidelines (for an initial course). Therefore, based on guidelines and a review of the evidence, the request Post Operative Physical Therapy 12 sessions is not medically necessary.