

<b>Case Number:</b>	CM14-0132742		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	03/14/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Mississippi. 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 records presented for review indicate that this 46-year-old gentleman was reportedly injured on 14 March 2001. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated July 17, 2014, indicates that there are ongoing complaints of left knee pain. Current medications include Butrans patches, Zanaflex, Cymbalta, and Norco. The physical examination demonstrated tenderness of the left knee at the medial joint line. There was a positive McMurray's test and evidence of swelling and an effusion. Diagnostic imaging studies of the left knee showing horizontal tear through the posterior horn and mid segment of the medial meniscus as well as articular cartilage loss in the patellofemoral compartment. Previous treatment is unknown. A request had been made for a left knee arthroscopy, postoperative physical therapy three times a week for four weeks, and a cold therapy unit and was not certified in the pre-authorization process on July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee Arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): (electronically cited).

**Decision rationale:** According to the American College of Occupational and Environmental Medicine the indications for a meniscectomy include the presence of symptoms other than pain to include locking, popping, giving way, and recurrent effusion. While there is a meniscal tear identified on MRI, and meniscal signs on physical examination, the injured employee does not complain of physical symptoms, locking, popping, giving way, or a recurrent effusion. As such, this request for a left knee arthroscopy is not medically necessary.

**Post-op Physical Therapy 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Electronically Cited.

**Decision rationale:** As the accompanying request for a knee arthroscopy has been determined not to be medically necessary so is this request for postoperative physical therapy three times a week for four weeks.

**DME Cold Therapy 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 Official Disability Guidelines (ODG), Knee and Leg, Continuous Flow Cryotherapy, Updated August 25, 2014.

**Decision rationale:** As the accompanying request for a knee arthroscopy has been determined not to be medically necessary, so is this request for a cold therapy unit.