Case Number:	CM14-0159706		
Date Assigned:	10/03/2014	**Date of Injury:**	04/09/2014
Decision Date:	12/26/2014	**UR Denial Date:**	09/16/2014
Priority:	Standard	**Application Received:**	09/29/2014

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, and is licensed to practice in Indiana. 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 injured worker is a 56-year-old male who suffered an industrial accident to his left knee on 4/8/14 when he struck the knee at work attempting to use a lever to remove a manhole cover while working as a maintenance splicer. X-rays of the knee taken on 4/10/14 were negative for fracture. He was initially treated conservative with Tylenol, ice, and temporary time off work. On physical examination of the knee on 5/28/14, the left knee exhibited a 1+ effusion, a thickened prepatellar bursa, medial joint line tenderness and crepitus. The worker also had a positive McMurray's test and normal knee stability. An MRI of the left knee performed on 6/10/14 revealed a longitudinal vertical oblique tear of the peripheral portion of the posterior horn and body of the medial meniscus, marrow edema involving the medial femoral condyle and within the peripheral aspect of the medical tibial plateau, high grade chondral loss over the medial facet and median ridge of the patella with mild chondral loss within the lateral femorotibial compartment, dema withing the superolateral aspect of Hoffa's fat, mild cystic degeneration of the anterior cruciate ligament, and a small non-aggressive lesion within the lateral aspect of the proximal tibial metaphysis. The worker complained of aching discomfort in the left knee especially with prolonged walking and walking up and down stairs despite physical therapy. The request by the treating physician for a left knee arthroscopy with partial medial meniscectomy, probable chondroplasty and synovectomy has been approved. The treating physician is also requesting approval for post-operative physical therapy 2 x 6 and cold compression unit rental for 21 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 2x6: 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 and Leg (Acute and Chronic), Physical Medicine treatment

Decision rationale: According to the CA MTUS Post-Surgical Treatment Guidelines for the knee: Controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. According to the ODG Guidelines for the knee, physical medicine treatments are recommended. Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. Many patients do not require PT after partial meniscectomy. Since the evidence for PT after arthroscopic meniscectomy is weak and limited and since it is recommended that a re-evaluation of the effectiveness of the treatment should be performed after 2-3 weeks before additional treatments are recommended, post-op PT 2x/week x 6 weeks exceeds the 2-3 week re-evaluation period for effectiveness and is therefore not medically necessary.

Cold Compression unit for 21 days/ rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM: Patient's at home applications of heat or cold packs

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 (Acute and Chronic), Continuous-flow cryotherapy

Decision rationale: The CA MTUS is silent in regard to continuous-flow cryotherapy with or without compression. According to the ODG Guidelines on continuous-flow cryotherapy: Recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance (but these may be worthwhile benefits) in the outpatient setting. Also, there is limited information to support active vs. passive cryo units. Aetna considers passive hot and cold therapy medically necessary. Mechanical circulating units with pumps have not been proven to be more effective than passive hot and cold therapy. Since there is insufficient evidence for the efficacy of continuous-flow cryotherapy vs. ice packs, there is limited information to support active cryo units, and since

post-operative use is generally for 7 days, the requested 21-day rental of a cold compression unit is not medically necessary.