

<b>Case Number:</b>	CM14-0036884		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 46 year old male sustained an industrial injury on 9/23/11. The injury occurred when he shifted all his weight onto his left leg while standing on an uneven surface. He felt a pop in the left knee with an onset of lateral knee pain. The 2/23/12 left knee MRI documented a medial meniscus tear, intrameniscal degeneration of the lateral meniscus without tear, and chondromalacia patella with underlying bone reactive change. The 2/27/14 treating physician report documented lateral left knee pain, increased with stationary bike riding, twisting, and prolonged weight bearing. Physical exam findings documented normal gait, marked crepitus with motion, no instability, full range of motion, and anterior and lateral joint line tenderness. Records indicated the patient had locking and giving way symptoms. Reasonable conservative treatment had been completed. A left knee arthroscopic partial medial meniscectomy, chondroplasty, and possible lateral release was certified in utilization review on 3/5/14. The request for 12 post-op physical therapy visits was partially certified for 6 visits consistent with guidelines. The request for a VascuTherm Polar Care unit was modified, and a standard cold therapy unit was certified for 7 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy, 2 times a week for 4-6 weeks for the left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/5/14 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care previously certified. As such, the request is not medically necessary and appropriate.

**Post-op vascultherm polar care unit, 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

**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, Cold compression therapy.

**Decision rationale:** The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 3/5/14 utilization review decision recommended partial certification of a standard cold therapy unit for 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold therapy device beyond the 7-day rental recommended by guidelines and previously certified. As such, the request is not medically necessary and appropriate.