

<b>Case Number:</b>	CM14-0057300		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Medicine 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:

The injured worker is a 50 year old female who reported an injury to her left knee on 09/03/13. The clinical note dated 04/17/14 indicates the injured worker having undergone a left knee surgery. The injured worker also was reported to have completed a full 12 session course of postoperative physical therapy. The operative report dated 03/07/14 indicates the injured worker undergoing a left knee meniscectomy and a chondroplasty. The consultation note dated 10/23/13 indicates the injured worker having significant range of motion deficits at the left knee of 0 - 50 degrees. However, the injured worker when sitting is able to flex to 90 degrees. The therapy note dated 11/01/13 indicates the injured worker having completed 6 physical therapy sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Q-Tech Cold Therapy rental x 21 days with supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Harris J. Occupational Medicine Practice Guidelines, 2nd Edition (2004) pgs. 367-377.

**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 Chapter, Continuous-flow cryotherapy.

**Decision rationale:** The documentation indicates the injured worker having undergone a left knee meniscectomy and chondroplasty. The use of Cryotherapy is indicated following a surgery for up to 7 days including home use. No exceptional factors were identified in the clinical documentation regarding the injured worker's more recent surgery. Additionally, no information was submitted regarding the injured worker's need for a 21 day use. Given these factors, the request is not indicated as medically necessary.

**Q-Tech DVT Prevention System Rental x 21days with supplies:** 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), Shoulder 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 Chapter, Venous Thrombosis.

**Decision rationale:** No information was submitted regarding the injured worker's risk for a deep vein thrombosis (DVT). Without this information in place, it is unclear if the injured worker would benefit from the use of a DVT prevention system. Therefore, this request is not medically necessary.

**Postoperative knee brace:** 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 Chapter, Knee brace.

**Decision rationale:** The use of a knee brace is indicated for ongoing instability, ligament insufficiency, or a reconstructed ligament. The operative note indicates the injured worker having undergone a meniscectomy. No information was submitted regarding the injured worker's recent cartilage or ligament repairs. Therefore, this request is not indicated as medically necessary.