

<b>Case Number:</b>	CM14-0194283		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 is a 52 year old male with a work injury dated 11/06/2013. The mechanism of injury was documented as twisting his knee while stepping off of fire engine. He continues to have intermittent pain medially with sitting, driving and going up and down stairs. He has not noted any swelling but had two incidences of the knee giving away. The injured worker (IW) was still working and had not taken any time off. Past history included a prior meniscal tear approximately five years before with surgical correction. Physical exam showed one plus effusion with range of motion from 0 - 140. He had medial joint line tenderness with a negative medial McMurray's. The provider documents the MRI showing a remnant tear of the posterior horn of the medial meniscus. It was described as a horizontal cleavage tear which would suggest a new injury of his medial meniscus. Diagnosis was medial meniscal tear, left knee. Previous treatment consisted of physical therapy, rest and activity avoidance. No physical therapy notes were submitted and the number of visits is not documented. The provider notes the IW is 6 months past his injury and at this point a request is made for arthroscopic evaluation of the knee, a partial medial meniscectomy and possible chondroplasty. Durable medical equipment requested included crutches and a cold therapy rental for one week. Post-operative physical therapy 12 visits and post op pain medication was also requested. On 11/18/2014 utilization review denied the request for post-op cold therapy unit stating there was no reason why prescribed at home cool therapy to address post-op pain would not be applicable. The request for physical therapy was modified to 6 visits post-op (instead of requested 12 post-op visits) to allow for the demonstration of functional improvement and/or a decrease in pain. Guidelines cited for cold therapy were California Medical Treatment Utilization (MTUS) Schedule 2009, ACOEM, occupational medicine guidelines, knee, second edition 2004, chapter 13, and page 38.

Guidelines cited for physical therapy were MTUS post-surgery treatment guide, knee, post-surgical management. The decision was appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative cold therapy unit (weeks), quantity of one:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for one week postoperatively. Therefore the request is medically necessary.

**Twelve sessions of post-operative physical therapy to 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.

**Decision rationale:** According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. Guidelines recommend or 6 visits initially. As the request exceeds the 6 visits recommended, the request is not medically necessary.