

<b>Case Number:</b>	CM14-0204774		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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:

According to the records made available for review, this is a 51-year-old male with a 10/23/12 date of injury. At the time (10/10/14) of the request for authorization for post-op cold therapy unit x1 each with team and Post-OP Continuous Passive motion unit x 1 each with team, there is documentation of subjective (painful condition about the left knee, symptoms have not resolved) and objective (tenderness upon palpation about the medial joint line, crepitus and pain are noted with motion, moderate effusion present, McMurray's elicits pain in the medial compartment) findings, current diagnoses (left knee medial meniscal tear and lateral meniscal tear, status post arthroscopy, left knee medial meniscal tear, and right knee medial meniscus tear), and treatment to date (medication). Medical reports identify left knee surgery was approved. Regarding Post-OP Continuous Passive motion unit x 1 each with team, there is no documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint].

### 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 x1 each with team:** 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): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-flow cryotherapy.

**Decision rationale:** MTUS reference to ACOEM identifies patient's at-home applications of cold packs may be used before or after exercises and are as effective as those performed by a therapist. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear and lateral meniscal tear, status post arthroscopy, left knee medial meniscal tear, and right knee medial meniscus tear. In addition, there is documentation that left knee surgery was approved. However, there is no documentation of the number of days requested. Therefore, based on guidelines and a review of the evidence, the request for Post-Operative Cold Therapy x1 each with team is not medically necessary.

**Post-Operative Continuous Passive motion unit x 1 each with team:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM).

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of diagnoses of left knee medial meniscal tear and lateral meniscal tear, status post arthroscopy, left knee medial meniscal tear, and right knee medial meniscus tear. In addition, there is documentation that left knee surgery was approved. However, there is no documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint]. In addition, there is no documentation of the number of days requested. Therefore, based on guidelines and a review of the evidence, the request for Post-Operative Continuous Passive motion unit x 1 each with team is not medically necessary.