

<b>Case Number:</b>	CM14-0080765		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Surgeon 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:

A 62 year old claimant has a reported industrial injury of 11/22/96. The claimant is status post right total knee replacement with arthrofibrosis of the right knee. Claimant is status post on 12/18/13, right knee arthrotomy, medial meniscectomy, lateral meniscectomy and total knee replacement. Exam note from 3/24/14 demonstrates claimant is status post right total knee replacement. There are noted complaints of pain and stiffness in the knee. Examination demonstrates an antalgic gait and right knee range of motion from 5 to 60 degrees. Diagnosis includes arthrofibrosis, right knee with recommendation for arthroscopy, lysis of adhesions and manipulation under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vascutherm cold therapy x 10 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS /ACOEM Guidelines Knee Disorders Clinical Measures - Hot and Cold Therapy; Cryotherapies

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Venous thrombosis

**Decision rationale:** According to the ODG, knee and leg section, venous thrombosis, "Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy". In this case the exam notes from 3/24/14 do not justify objective evidence to support Vascutherm. Therefore the determination is the request is not medically necessary.

**PT 2 x 6:** 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) Knee - Manipulation Under Anesthesia

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

**Decision rationale:** CA MTUS Post-Surgical treatment guidelines, page 25 recommends 20 visits of PT over 4 months. Initially of the 20 visits are recommended. As the request exceeds the initial 10 visits authorized, the request is not medically necessary.