

<b>Case Number:</b>	CM15-0006139		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 26 year old male who sustained a work related injury on June 4, 2014, injuring his right knee as a firefighter carrying 45 pounds and rotated hip, foot and knee. He complains of pain and grinding in the knee. X rays revealed excess fluid. Treatments included pain medication, hot and cold packs and anti-inflammatory medications. He was diagnosed with a strain/sprained knee. Exam note 11/20/14 demonstrates pain in the knee with crepitation and intermittent locking episodes of the right knee. Exam demonstrates 3+ crepitus bilateral knees with single leg bending. On January 21, 2015, he underwent a surgical procedure consisting of examination under anesthesia, micro fracture chondroplasty of the patella and removal of loose bodies. On January 29, 2015, a request for a pad for hot/cold therapy unit; Hot /cold therapy unit (7 day rental or purchase); and postoperative physical therapy for 12 sessions, was non-certified by Utilization Review, noting, the California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative hot/cold unit, seven day rental or purchase:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, 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 equals the recommended amount of days. Therefore the determination is for certification.

**Post-operative pad for hot/cold therapy unit, provided on November 20, 2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 equals the recommended amount of days. therefore the associated postoperative pad for hot/cold therapy is medically necessary. Therefore the determination is for certification.

**Post-operative physical therapy, twelve sessions, provided on November 20, 2014:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Loose body, page 25, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification.