

Case Number:	CM15-0131154		
Date Assigned:	07/20/2015	Date of Injury:	11/25/2014
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: Minnesota, Florida
 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:

This 39 year old female sustained an industrial injury on 11/25/14. She subsequently reported right knee pain. Diagnoses include internal derangement of the right knee with a tear in the anterior horn of the lateral meniscus. Arthroscopy and partial lateral meniscectomy have been requested concurrently. Treatments to date include x-ray and MRI testing, modified work duty, knee brace, physical therapy and prescription medications. The injured worker continues to experience right knee pain. Upon examination, tenderness of the medial and lateral joint lines was noted. A request for post-operative cold therapy unit for the right knee and Post operative physical therapy for the right knee, quantity: 12 sessions was made by the treating physician concurrently with the surgery request. The requests were modified by UR citing CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold therapy unit for the right knee: 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 & Leg (Acute & Chronic), Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. The usual period of use is for 7 days after surgery. Use beyond 7 days is not recommended. The request as stated does not specify if it is a rental or purchase and if rental it does not specify the duration of the rental. As such, the request is not medically necessary.

Post operative physical therapy for the right knee, quantity: 12 sessions: 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: California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one half of these visits which is 6. Then after documentation of continuing functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated is for 12 visits which exceeds the guideline recommendations and as such, the request is not medically necessary and has not been substantiated.