

Case Number:	CM15-0149834		
Date Assigned:	08/12/2015	Date of Injury:	02/18/2015
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/31/2015

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, Oregon, Washington
 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 53 year old female who sustained an industrial injury on 2-18-2015. While working she felt pain in the anterior and medial left knee. She has reported injuries to the left knee and has been diagnosed with left knee medial tibial plateau stress fracture, left knee high grade medial meniscal tear, and left knee medial compartment chondrosis. Treatment has included medications, physical therapy, rest, ice, and acupuncture. Examination of the lower extremity revealed range of motion was 0 to 125 degrees. Mild medial joint line tenderness to palpation was noted. There was no tenderness about the medial tibial plateau. X-rays of the left knee revealed baseline changes with mild blunting of the medial tibial plateau, but no obvious displaced fracture. The treatment plan included physical therapy, brace, and cane. The treatment request included physical therapy and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Referral for physical therapy 2 to 3 times a week for 8 weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
 Page(s): 24.

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines Derangement of Meniscus page 25, states, Post-surgical treatment: 12 visits over 12 weeks. The guidelines recommend of the authorized visit initially therefore 6 visits are medically necessary. As the request exceeds the 6 visits, the determination is for non-certification, therefore is not medically necessary.

Associated Surgical Service: Cold therapy unit 45 min ON/15 min OFF 3 times a day or as tolerated times 7 day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee & Leg.

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 Chapter.

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 non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request is for 7 days after a knee arthroscopy. Therefore the determination is for certification, medically necessary.