

Case Number:	CM15-0160363		
Date Assigned:	08/26/2015	Date of Injury:	02/27/1977
Decision Date:	09/29/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male, who sustained an industrial injury on 2-27-1977. The mechanism of injury is unknown. The injured worker was diagnosed as having right knee internal derangement and lateral meniscus tear with chondromalacia. Right knee magnetic resonance imaging showed lateral meniscus tear with chondromalacia. Treatment to date has included therapy and medication management. In a progress note dated 7-10-2015, the injured worker complains of intermittent right knee pain. Physical examination showed right knee tenderness, swelling and effusion. The treating physician is requesting 12 post-operative ice therapy visits and 12 postoperative swim therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 post-op ice therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) - Cold/heat packs - Continuous flow cryotherapy.

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

Decision rationale: Regarding the request for this active cooling device, California MTUS does not address the issue of cooling and heating therapy. ODG support the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the patient is scheduled to undergo knee arthroscopy. Guidelines support up to 7 days of use. Therefore, this request for 12 visits is excessive and not medically necessary.

12 post-op swim therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic) - Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 99.

Decision rationale: Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 200 lbs and height of 5'11" in a progress note dated 2/17/2015. Furthermore, there is no documentation of intolerance to land based therapy. Therefore, this request is not medically necessary.