

<b>Case Number:</b>	CM15-0183557		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	07/14/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 24 year old with a date of injury on 07-14-2015. The injured worker is undergoing treatment for right knee osteochondral defect, and right knee internal derangement. A physician progress note dated 08-24-2015 documents the injured worker has moderate to severe right knee pain without improvement. He had only temporary relief of his symptoms with therapy and medications. He has difficulty sleeping. He has night pain. He has an antalgic gait. Treatment to date has included diagnostic studies, medications, use of a brace, and physical therapy. A Magnetic Resonance Imaging of the right knee done on 08-06-2015 shows mild effusion and possible medial meniscal tear as well as a significant osteochondral defect. On examination, he has right-sided quadriceps atrophy, an antalgic gait, crepitus, medial joint line tenderness, and positive patellofemoral facet tenderness. There is a positive Mc Murray's. He has full range of motion. The Request for Authorization dated 08-27-2015 includes Diclofenac XR 100mg, #60, Omeprazole 20mg, #60, Arthroscopy and possible OATS procedure, post op physical therapy, Vascutherm unit and Pain Management consultation. On 09-02-2015, the Utilization Review modified the requested treatment for Associated Surgical Service: Vascutherm Unit to Associated Surgical Service: Vascutherm Unit x 7 days, and modified the requested post-operative physical therapy to post-operative physical therapy x 12 visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Post Operative Physical Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 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 does not specify the number of visits, the request is not medically necessary.

### **Associated Surgical Service: Vascutherm Unit: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg, 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 and Leg section, Compression Garments.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of DVT compression garments. The ODG, Knee and Leg section, Compression Garments, summarizes the recommendations of the American College of Chest Physicians and American Academy of Orthopedic Surgeons. It is recommend to use of mechanical compression devices after all major knee surgeries including total hip and total knee replacements. In this patient there is no documentation of a history of increased risk of DVT or major knee surgery. The patient underwent a routine knee arthroscopy. Therefore, medical necessity cannot be established and therefore the request is not medically necessary.