

<b>Case Number:</b>	CM15-0193551		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Massachusetts

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:

This is a 38 year old male who sustained a work-related injury on 10-8-14. Medical record documentation on 9-16-15 revealed the injured worker was being treated for plica syndrome, osteoarthritis of the leg, and lateral meniscal tear of the knee. He was status post left knee arthroscopy with lateral meniscal repair and chondroplasty on 10-21-14. He reported that a previous injection provided no relief of symptoms. He had ongoing pain with weight bearing activities, which were worse at the end of the day. Objective findings included a normal gait and mild effusion of the left knee. He had medial parapatellar tenderness. He had left knee flexion to 130 degrees. All stability tests performed were normal and he had a negative McMurray's test. An MRI of the left knee on 6-29-15 revealed no evidence of recurrent lateral meniscal tear and no chondral damage. A medial infrapatellar plica was noted. The evaluating physician noted the injured worker had failed conservative care including physical therapy and a cortisone injection. A request for cold therapy for 7 days and twelve sessions of post-operative physical therapy was received on 9-24-15. On 9-25-15, the Utilization Review physician determined cold therapy for 7 days was not medically necessary and modified twelve sessions of post-operative physical therapy to six post-operative physical therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cold Therapy #7: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer 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.

**Decision rationale:** The claimant sustained an injury to the left knee while working as a deputy sheriff and participating in a training class. He underwent left knee arthroscopy with lateral meniscus repair and chondroplasty and 10/21/14. He had postoperative physical therapy and a cortisone injection. When seen, he was having ongoing pain with weight-bearing activities and difficulty performing his job. Physical examination findings included a body mass index over 29. There was medial parapatellar tenderness with a mild joint effusion. Imaging results were reviewed. Arthroscopic surgery with plica excision and postoperative care was requested with cold therapy rental for 7 days and 12 sessions of post-operative physical therapy. Cold compression/continuous-flow cryotherapy is recommended as an option after knee surgery. Postoperative use generally may be up to 7 days, including home use. In this case, this is a second left knee surgery since injury. The request is consistent with guideline recommendations and medically necessary.

### **Postoperative Physical Therapy #12: 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:** The claimant sustained an injury to the left knee while working as a deputy sheriff and participating in a training class. He underwent left knee arthroscopy with lateral meniscus repair and chondroplasty and 10/21/14. He had postoperative physical therapy and a cortisone injection. When seen, he was having ongoing pain with weight-bearing activities and difficulty performing his job. Physical examination findings included a body mass index over 29. There was medial parapatellar tenderness with a mild joint effusion. Imaging results were reviewed. Arthroscopic surgery with plica excision and postoperative care was requested with cold therapy rental for 7 days and 12 sessions of post-operative physical therapy. After the surgery being planned, guidelines recommend up to 12 visits over 12 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and, with documentation of functional improvement, a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.