

Case Number:	CM15-0207221		
Date Assigned:	10/26/2015	Date of Injury:	10/16/2014
Decision Date:	12/07/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/21/2015

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 25 year old male who sustained an industrial injury on 10-16-2014. MRI of the right knee performed on 08-10-2015 showed status post prior arthroscopic procedure with Grade III signal seen with the body and posterior horn of the medial meniscus extending to the inferior surface of the meniscus consistent with a complex re-tear. The lateral meniscus was unremarkable. No ligamental tear was present. According to a progress report dated 08-28-2015, the injured worker reported persistent right knee pain. Pain was rated 2-3 on a scale of 1-10. Pain was made worse with weather and activities. Examination of the right knee demonstrated previous healed portals and mild effusion. There was medial tenderness. There was positive McMurray's. Range of motion was 0 to 110 degrees. Neurological examination was intact distally. The injured worker had a limp favoring the left lower extremity. Diagnoses included right knee complex tear of the posterior horn of the medial meniscal. The provider noted that the MRI of the right knee showed a complex tear of the posterior horn of the medial meniscus. The treatment plan included discontinuation of therapy until after surgery and request for authorization for right knee arthroscopy with partial meniscectomy, pre-operative clearance, and post-operative therapy 2 times a week for 6 weeks and a Polar Care unit and crutches. Work status included modified work. An authorization request dated 09-15-2015 was submitted for review. The requested services included out-patient right knee arthroscopy with partial meniscectomy, pre-operative medical clearance, and durable medical equipment: Polar Care and crutches and post-operative physical therapy 2 times a week for 6 weeks. On 09-22-2015, Utilization Review non-certified the request for Polar Care unit, unknown if purchase or rental

and modified the request for 12 post-op sessions of physical therapy for the right knee over 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polar Care Unit, Unknown if Purchase or Rental: 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).

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 regarding continuous flow cryotherapy.

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 nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is not medically necessary.

12 Post-Op Sessions of PT for the right knee over 6 weeks: Upheld

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

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 exceeds the initial allowable visits, the determination is not medically necessary.