

Case Number:	CM15-0207224		
Date Assigned:	10/26/2015	Date of Injury:	10/02/2008
Decision Date:	12/07/2015	UR Denial Date:	10/05/2015
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 66-year-old male, who sustained an industrial injury on 10-02-2008. A review of the medical records indicates that the worker is undergoing treatment for pain in joint of lower leg, left knee medial meniscus tear, spondylosis of the lumbosacral spine and stenosis of the lumbar spine. Treatment has included Nabumetone-Relafen, Hydrocodone-Acetaminophen, injections and exercises. MRI of the left knee on 06-02-2015 showed medial meniscal tear, moderate medial compartment arthrosis, superficial patellofemoral cartilage loss and minimal joint effusion. Subjective complaints (05-27-2015, 07-28-2015 and 08-25-2015) included left knee pain, dizziness, headaches and balance problems. Objective findings (05-27-2015, 07-28-2015 and 08-25-2015) included an antalgic gait and tenderness over the medial aspect of the left knee with some laxity with posterior drawer sign. On 09-03-2015, the physician noted that the injured worker had continued left knee pain despite conservative treatment and objective findings revealed mildly antalgic gait, marked tenderness along the medial joint line with mild effusion and slight varus on weight bearing and limited flexion in the weight bearing posture secondary to medial knee pain. The physician noted that x-rays showed moderate narrowing of the medial compartment but not bone on bone and that the worker would benefit from an arthroscopic evaluation of his left knee with medial meniscectomy along with postoperative physical therapy, crutches and cryotherapy. A utilization review dated 10-05-2015 non-certified requests for associated surgical services: cryotherapy unit, purchase or rental and post-operative physical therapy, left knee, 12 sessions. Of note, left knee arthroscopy with medial meniscectomy was certified as per the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Cryotherapy unit (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: 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 Chapter, Continuous flow cryotherapy.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of cryotherapy. According to the Official Disability Guidelines, 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 request is not medically necessary.

Post-operative physical therapy, 12 sessions, for the left knee: 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, 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 request is not medically necessary.