

Case Number:	CM15-0207324		
Date Assigned:	10/26/2015	Date of Injury:	01/07/2015
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
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: Minnesota, Florida

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 60 year old male, who sustained an industrial injury on 1-7-2015. The medical records indicate that the injured worker is undergoing treatment for left knee degenerative medial meniscus tear with parameniscal cyst, bilateral knee degenerative joint disease, and bilateral knee chondrocalcinosis. According to the progress report dated 9-30-2015, the injured worker presented for evaluation of his bilateral knees. He continues to have pain, even after his Euflexxa injection. The pain is constant, made worse with walking, standing, and bending. On a subjective pain scale, he rates his pain 5-7 out of 10. The physical examination of the left knee reveals tenderness over the medial and patellofemoral joint. Full range of motion is noted. The current medications are not specified. Previous diagnostic studies include x-rays and MRI of the left lower extremity. Treatments to date include medication management, viscosupplementation with Euflexxa injection (little to no response). The treating physician described the work status as "return to work with no kneeling or squatting, limit lifting, pulling, and pushing to 20 pounds." The treatment plan included left knee arthroscopy with meniscal debridement and cartilage work and associated services. The original utilization review (10-14-2015) modified a request for standard cold therapy unit rental for up to 7 days (original request was for contrast compression therapy device for 7 day rental) and 6 post-op physical therapy sessions to the left leg (original request was for #12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Contrast Compression Therapy Device for 7 Day 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) Section: Knee, Topic: Cold compression.

Decision rationale: ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. With regard to the request for cold compression, ODG guidelines recommend continuous-flow cryotherapy as an option after knee surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. There are no published high-quality studies with regard to cold compression. As such, the utilization review modification of the request to continuous-flow cryotherapy unit rental for 7 days is appropriate. The request for contrast compression therapy device is not supported and the medical necessity has not been substantiated.

Post-Op PT to Left Leg 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The California MTUS postsurgical treatment guidelines recommend 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one half of these 12 visits which is 6. Then with documentation of continuing objective functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The request as stated is for 12 visits which is not supported. As such, the medical necessity of the request has not been substantiated.