

<b>Case Number:</b>	CM15-0208516		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/12/2002
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 52 year old male, who sustained an industrial injury on July 12, 2002. The injured worker was currently diagnosed as having left knee osteochondral defect, chondromalacia patella, recurrent medial meniscus tear, left knee patellofemoral pain syndrome, left knee MCL Grade I strain, left knee degenerative joint disease, left knee status post arthroscopy, chronic low back pain with radiculitis-neuropathic pain, lumbar strain-compensatory consequence and cervical strain. Treatment to date has included diagnostic studies, medication and injection. On September 18, 2015, the injured worker complained of moderate to severe pain in his left knee. The pain was chronic and constant. He stated it was worse with standing, walking, bending and kneeling. An MRI of the knee revealed a 5mm osteochondral lesion on the medial femoral condyle, chondromalacia patella, arthrosis of the femorotibial joint, medial meniscus status partial meniscectomy with superimposed tear and cleavage tear. Left knee objective findings included positive quadriceps atrophy, positive crepitus, positive lateral joint line tenderness and positive medial joint line tenderness. The treatment plan included left knee arthroscopy and debridement, post op physical therapy, vascutherm unit, Diclofenac, Omeprazole and a follow-up visit. On October 5, 2015, utilization review denied a request for postoperative intermittent compression device Vascutherm unit. A request for postoperative physical therapy for the left knee 18 sessions was modified to postoperative physical therapy for the left knee 6 sessions. A request for left knee arthroscopy and debridement, Omeprazole 20mg #60, Diclofenac XR 100mg #60 and postoperative follow-up visit was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Post-operative Physical Therapy for the Left Knee (sessions), QTY: 18: 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:** ODG guidelines do not recommend arthroscopic surgery for osteoarthritis. With regard to the request for postoperative physical therapy, California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy or shaving of chondromalacia. The initial course of therapy is one-half of these visits which is 6. Then with documentation of continuing objective functional improvement a subsequent course of therapy off the remaining 6 visits may be prescribed. The request as stated is for 18 visits, which exceeds the guideline recommendations. As such, the request is not medically necessary.

### **Postoperative DME: Intermittent Compressions Device; Vascutherm unit: 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 ODG: Section: Knee, Topic: Venous thrombosis.

**Decision rationale:** With regard to the request for intermittent compression device, vascutherm unit, ODG guidelines recommend identifying patients at high risk of DVT and utilizing pharmacologic thromboprophylaxis for patients at high risk of developing venous thrombosis. Mechanical thromboprophylaxis is recommended for patients undergoing total hip or total knee replacement when there is a high risk of bleeding. Even in those cases, when the bleeding risk decreases, pharmacologic thromboprophylaxis is recommended. In this case, the documentation does not indicate a high risk of DVT. As such, the request is not medically necessary.