

<b>Case Number:</b>	CM15-0031910		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	11/23/2003
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 57 year old male injured worker suffered and industrial injury on 11/23/2003. The diagnoses were degenerative arthritis of the left knee. The diagnostic studies were x-rays. The treatments were physical therapy, viscosupplementation and medications. The treating provider reported significant pain and discomfort with impaired gait. On exam there was obvious tenderness with moderate crepitus with swelling. A progress note on 12/15/14 indicated the claimant had full thickness of the lateral femoral cartilage and a defect in the medial collateral ligament. The Utilization Review Determination on 2/10/2015 non-certified: 1. MRI left knee Zimmer protocol for patient specifics, MTUS, ACOEM, ODG 2. Cold Therapy Unit, post op, for 30 days, modified to 7 days, MTUS, ACOEM, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left knee Zimmer protocol for patient specifics:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the knee is not recommended for collateral ligament tears. It is recommended pre-operatively for determining the extent of an ACL tear. In this case, the claimant was already determined to have a ligament tear. The indication for an MRI with Zimmer protocol was not substantiated or plan for surgery was not substantiated and therefore the request above is not medically necessary.

**Cold Therapy Unity, post op, for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Continuous Flow Cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines knee complaints Page(s): 338.

**Decision rationale:** According to the guidelines, cold therapy can be provided for the 1st few days after surgery or injury. In this case, the request was for a cold therapy unit for a month. The length of intervention is not recommended nor medically necessary. The cold therapy unit for 30 day use is not medically necessary.