

<b>Case Number:</b>	CM15-0046110		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 38 year old female who sustained a work related injury August 30, 2014. While kneeling down and cleaning a rack, she heard a click in the right knee and experienced pain, heat, and swelling of the right knee. Diagnosis was documented as sprain/strain right knee with possible meniscal tear. X-rays were reported as normal without fracture. The treatment included hot/cold packs to knee, Motrin, physical therapy, and a knee brace for support and pain relief. According to a primary treating physician's report, dated February 4, 2015, the injured worker presented with complaints of frequent aching right knee pain with swelling that radiates to the left and upper side of the knee, rated 2/10 at rest, and 7/10 with activity. Diagnosis is documented as loose joint body, right knee. Treatment plan included requests for authorization for right knee diagnostic arthroscopy with removal of loose joint body, pre-operative testing, post-operative medication, post-operative physical therapy 2 x 6, and cold compression unit for 7 days. Surgery was certified but the request for physical therapy was modified and cold compression noncertified. These associated surgical requests have been appealed to an independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated service: post op physical therapy two times a week for six weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for removal of a loose body in the knee. The initial course of therapy is 6 visits and then with documentation of continuing functional improvement a subsequent course of therapy of 6 visits may be prescribed. The request as stated is for 12 visits which are not supported by guidelines and as such, the medical necessity of the request has not been substantiated.

**Associated service: post op cold compression unit times seven:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 therapy.

**Decision rationale:** ODG guidelines recommend game ready accelerated recovery system for 7 days after knee surgery. It combines continuous-flow cryotherapy with the use of vasocompression. In a recent yet to be published RCT patients treated with compressive cryotherapy after ACL reconstruction had better pain relief and less dependence on narcotic use than patients treated with cryotherapy alone. As such, the request for cold compression for 7 days is appropriate and the medical necessity of the request has been established.