

Case Number:	CM15-0055727		
Date Assigned:	04/01/2015	Date of Injury:	08/14/2013
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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 was a 37 year old male, who sustained an industrial injury, August 14, 2013. The injury was sustained when the injured worker fell into a hole while carrying some lumber. The injured worker injured the left knee. He underwent arthroscopic surgery on 7/30/2014, and received 19 physical therapy sessions, left knee and injection. A repeat MRI was performed due to continuing pain. On 1/2/2015 which showed post-surgical changes in the medial meniscus although a recurrent tear could not be ruled out. The injured worker was diagnosed with derangement of the posterior horn and recurrent medial meniscus tear. According to progress note of January 13, 2015, the injured workers chief complaint was left knee pain. The injured worker rated the pain at 8 out of 10 on some occasions. The pain was worse when the injured worker went up and down stairs and with squats. The physical exam noted no significant effusion, retropatellar crepitation was minimal. There was tenderness on the medial joint line and McMurray's sign was positive. The treatment plan included left knee arthroscopy, postoperative physical therapy and one cold therapy unit. Utilization Review certified the surgery but modified the postsurgical physical therapy and noncertified the cold therapy unit. This is now 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:

Post Operative Physical Therapy to the Left Knee - nine (9) visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one-half of these visits which is 6. Then with documentation of continuing functional improvement a subsequent course of therapy of 6 visits may be prescribed. The request as stated is for 9 visits, which exceeds the guideline recommendations. As such, the medical necessity of the request has not been substantiated.

(1) Cold Therapy Unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option for postoperative use after arthroscopy with partial medial meniscectomy. The general period of use is 7 days. The documentation indicates that a cryotherapy unit was purchased at the time of the previous arthroscopy on 7/8/2014. As such, a duplicate unit is not necessary. In light of the above, the request for a cold therapy unit is not supported and the medical necessity of the request has not been substantiated.