

Case Number:	CM15-0089695		
Date Assigned:	05/14/2015	Date of Injury:	02/17/2015
Decision Date:	06/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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: California

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 47-year-old male, who sustained an industrial injury on 2/17/15. He has reported initial complaints of a slip and fall down metal stairs with twisting injury to his left knee. The diagnoses have included strain of knee, contusion of knee, and complex tear of the medial meniscus left knee. Treatment to date has included medications, diagnostics, heat, ice, activity modifications, consultations and bracing. Currently, as per the physician progress note dated 3/25/15, the injured worker complains of left knee pain and locking. The physical exam reveals that he walks with a left antalgic gait. There is a moderate effusion about the left knee and pain and tenderness elicited over the medial joint line of the knee. The McMurray's sign, Steinman's test and Apley compression and distraction tests are positive. The diagnostic testing that was performed included Left knee arthrogram dated 2/17/15 reveals contrast in the knee joint. Magnetic Resonance Imaging (MRI) of the left knee dated 2/17/15 reveals prepatellar bursitis, complex tear of the medial meniscal body without a displaced meniscal fragment, superficial chondral fissuring of the medial patellar facet and tiny popliteal cyst. The physician plan was for diagnostic and operative arthroscopy of the left knee with meniscus repair. The physician requested treatments included Post- operative physical therapy 12 sessions, associated surgical services cold therapy unit, and associated surgical services Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy (12-sessions): 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: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the request is not medically necessary.

Associated Surgical Service: Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Flow Cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request is for an unspecified amount of days. Therefore, the request is not medically necessary.

Associated Surgical Service: Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, is it not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible

for recommendation due to poor study design and/or methodologic issues. As there is insufficient medical evidence regarding use by the exam of 3/25/15, the request is not medically necessary.