

Case Number:	CM14-0128164		
Date Assigned:	08/15/2014	Date of Injury:	02/18/2005
Decision Date:	10/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old female with a 2/18/2005 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/11/14 noted subjective complaints of left knee pain. Objective findings included 4/5 strength of all muscle groups in the left lower extremity. MRI of the left knee 3/12/14 noted a radial tear of the posterior horn of the medial meniscus extending to the root attachment. Initially a left knee surgery was denied, however a 8/14/14 report noted that it was subsequently approved. Diagnostic Impression is chondromalacia of patella. Treatment to Date includes prior knee arthroscopy, knee injections, physical therapy. A UR decision dated 7/22/14 denied the request for cold therapy unit for the left knee post op, stating continuous flow cryotherapy for patients is an option after surgery, but not for nonsurgical treatment. It also denied post op physical therapy 2 times a week for 4 weeks for the left knee. The surgery was not certified, therefore the physical therapy is not supported.

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 (2 times a week for 4 weeks): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter

Decision rationale: CA MTUS recommends up to 12 visits over 12 weeks for post-surgical physical therapy for meniscus derangements or chondromalacia of the patella. Since operative management has been approved for these known conditions of the left knee, the requested modality is substantiated. Therefore, the request for post op physical therapy 2 times a week for 4 weeks for the left knee was medically necessary.

Cold therapy unit for the left knee (post operative): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the 7/11/2014 progress report, it was noted that surgical procedure is recommended by the doctor. The details of surgery and post op care were discussed, and the patient agreed and will continue working with restrictions, expecting to be out work following surgery as she recovers. Therefore, the request for cold therapy unit for the left knee was medically necessary.