

<b>Case Number:</b>	CM14-0161151		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 claimant is a 49-year old female employee of a state prison who was injured on 05/06/09. The prior Utilization Review determination approved the request for diagnostic left knee arthroscopy with partial lateral meniscectomy, left knee meniscectomy, and a Cortisone injection for the left knee. This request is for postoperative physical therapy for twelve sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Post-Operative Physical Therapy:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California Post-Surgical Treatment Guidelines recommend up to twelve sessions of physical therapy over twelve weeks for up to six (6) months following surgical intervention for meniscectomy and, therefore, the request falls within the guideline recommendation. The request for 12 Post-Operative Physical Therapy is medically necessary.

**Post-Operative Cold Therapy Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Continuous-flow cryotherapy.

**Decision rationale:** The California ACOEM Guidelines support the use of cold applications to control pain and swelling. The Official Disability Guidelines recommend the use of cryotherapy devices for up to seven (7) days following surgical intervention including home use. This request does not quantify the length of time for use of the cold therapy unit; therefore, is not medically necessary.

**Retrospective Request for Ultrasound Guided Cortisone Injection of the Left Knee on 7/29/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, imaging Guidance for Knee Joint Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter: Corticosteroid injections

**Decision rationale:** In regards to the third request for a retrospective request for Ultrasound Guided Cortisone Injection of the Left Knee, based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request is not medically necessary. The ACOEM Guidelines recommend the injection as a treatment option but the Official Disability Guidelines note that in the knee, conventional anatomic guidance by an experienced clinician is generally adequate and ultrasound guidance is not generally considered medically necessary. The request for Retrospective Request for Ultrasound Guided Cortisone Injection of the Left Knee on 7/29/14 is not medically necessary.