

Case Number:	CM14-0028469		
Date Assigned:	06/25/2014	Date of Injury:	06/13/2012
Decision Date:	08/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 New York. 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 patient is a 22-year-old female with date of injury June 13, 2012. An MRI of the left knee shows increasing no in the fat pad which may relate to patellar tracking abnormality. The patient has bilateral knee pain. Patella apprehension sign is positive. Both patellas track laterally within the cochlear groove during flexion. There is minimal crepitus. The patient continues to have pain with locking of the knee. The patient is recovering from right knee surgery and wishes to proceed with the left. X-rays show lateral tilt of the left patella. The patient has tried and failed physical therapy injections and bracing. The patient desires to proceed with left knee surgery. The question is whether additional postop physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy x 12 sessions: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: knee pain chapter.

Decision rationale: Postoperative physical therapy is recommended for surgical procedures of the knee including chondromalacia of the patella and patellar realignment procedures. For

surgical treatment of knee conditions, 12 visits over 12 weeks I recommended per guidelines. Since the patient is having left knee patellar realignment surgery, 12 visits over 12 weeks is medically necessary.

Post-op DME Cold Therapy Unit x 7 days rental: Upheld

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

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

Decision rationale: The effectiveness of cold therapy at the knee surgery has not been established. There is no literature supports the effectiveness of cold therapy over conventional ice pack treatment postoperatively. Therefore the request for post-op DME cold therapy unit x 7 days rental is not medically necessary and appropriate.

Electrical Stim Unit 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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

Decision rationale: Guidelines do not support the use of electrical stimulation after patella realignment procedures. Medical literature does not support improved outcomes with the use of electrical stimulation after knee surgery. Therefore, the request for electrical stim unit 14 day rental is not medically necessary and appropriate.