

Case Number:	CM14-0093612		
Date Assigned:	07/25/2014	Date of Injury:	11/09/2013
Decision Date:	10/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old female was reportedly injured on November 9, 2013. The mechanism of injury is noted as a fall. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of left knee pain. The physical examination demonstrated pain with flexion beyond 120. There was a positive McMurray's test and Apley's test. Diagnostic imaging studies of the left knee revealed a possible small complex tear of the medial meniscus. Previous treatment includes physical therapy, home exercise, a splint, crutches, oral medications, and the use of a pool. A request had been made for a cold therapy unit and physical therapy for the left knee and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CTU COLD THERAPY UNIT (FREQUENCY/DURATION NOT SPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CONTINUOUS FLOW CRYOTHERAPY

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, Continuous Flow Cryotherapy

Decision rationale: A review of the attached medical record indicates that the injured employee has been approved for arthroscopic knee surgery. A cold therapy unit would be recommended for up to seven days after surgery to decrease pain, inflammation, swelling, and narcotic usage. However, as the length of treatment with a cold therapy unit is not stated in this request, this request for a cold therapy unit is not medically necessary.

INITIAL POST OPERATIVE PHYSICAL THERAPY X12 FOR LEFT KNEE:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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, Physical Therapy

Decision rationale: According to the Official Disability Guidelines, 12 visits of physical therapy are recommended after surgery for a meniscus tear. As such, this request for 12 visits of postoperative physical therapy for the left knee is medically necessary.