

Case Number:	CM15-0013172		
Date Assigned:	01/30/2015	Date of Injury:	03/19/2014
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 (IW) is a 34 year old male, who sustained an industrial injury on March 19, 2014. He has reported persistent left knee pain with occasional locking and multiple episodes of giving way and was diagnosed with left knee sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, pain medications and treatment modalities. Currently, the Injured Worker complains of reported persistent left knee pain with occasional locking and multiple episodes of giving way. The injured worker reported an industrial injury in 2014, after twisting to place a heavy object resulting in injury to the knee. On May, 2014, magnetic resonance imaging (MRI) revealed degenerative changes and a ligament tear. On December 18, 2014, it was noted he reported continued pain as previously described. Left knee arthroscopy, crutches, cryotherapy and physical therapy was recommended. Surgical intervention was approved. On January 9, 2015, Utilization Review non-certified a request for physical therapy and cryotherapy, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 10, 2015, the injured worker submitted an application for IMR for review of requested physical therapy and cryotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postop Physical Therapy QTY 12: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 sessions of Physical therapy. MTUS guidelines state the following: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks: Postsurgical physical medicine treatment period: 6 months. The clinical documents state that the patient has surgery for a partial lateral Meniscectomy. According to the clinical documentation provided and current MTUS guidelines; 12 sessions of Physical therapy is indicated as a medical necessity to the patient at this time.

Cryotherapy QTY 1: 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 Page(s): 38.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for cryotherapy. MTUS guidelines state the following: Patient's at home applications of heat or cold packs may be used before or after exercises are as effective as those performed by a therapist. According to the clinical documentation provided and current MTUS guidelines; cryotherapy is not indicated as a medical necessity to the patient at this time.