

<b>Case Number:</b>	CM15-0113392		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old male, who sustained an industrial injury on 2/25/10. The diagnoses have included bone on bone lateral compartment arthritis. Treatment to date has included medications, activity modifications, diagnostics, bracing, surgery, physical therapy, injections, and other modalities. Currently, as per the physician progress note dated 5/1/15, the injured worker complains of persistent pain in the bilateral knees. The physical exam reveals decreased knee range of motion, flexion to 120 degrees, extension to 5 degrees, and crepitus with range of motion, and pain at extremes of motion. The physician notes that x-rays demonstrate bone on bone lateral compartment arthritis. The hard copy x-ray reports were not noted in the records. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 6/25/11 reveals that a loose body is seen, synovitis, small joint effusion, chondromalacia, meniscal degeneration, early mucoid degeneration and marrow edema of the central tibia. Magnetic Resonance Imaging (MRI) of the left knee dated 2/11/13 reveals prior partial meniscectomy, progression of cartilage abnormalities in the lateral compartment, chronic sprain and small Baker's cyst. He noted that the injured worker has knee arthritis refractory to conservative management and has significant pain and dysfunction on a daily basis secondary to this. The physician noted also that the injured worker is 6 feet 1 inch tall and weighs 210 pounds with body mass index (BMI) of 27, thus the injured worker does not have obesity as a risk factor nor will a weight loss help this patient. The physician requested treatments included Associated surgical service: Post-operative [REDACTED] standard cold therapy

unit for purchase for the left knee and Associated surgical service: Post-operative outpatient physical therapy for the left knee, three times weekly for four weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-operative [REDACTED] standard cold therapy unit for purchase for the left knee:** Upheld

**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 Official Disability Guidelines (ODG) knee.

**Decision rationale:** This review presumes that a surgery is planned and will proceed. CA MTUS/ACOEM is silent on the issue of knee cryotherapy. According to ODG Knee Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for up to 7 days. However the DME definition in the same section states that DME is durable and could normally be rented and used by successive patients. Based on the above, the request for the purchase is not medically necessary.

**Post-operative outpatient physical therapy for the left knee, three times weekly for four weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 24, arthroplasty of the knee recommends 24 visits over 10 weeks with a post-surgical treatment period of 4 months. Therefore 12 visits are medically necessary. In this case the request is in keeping with guidelines and is medically necessary.