

Case Number:	CM15-0128050		
Date Assigned:	07/14/2015	Date of Injury:	07/15/2013
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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 48 year old male patient who sustained an industrial injury on 07/15/2013. The accident was described as while performing regular duty as a heat treater, sand blaster, driver, inspector for a company he turned to his right twisting his right knee when he hit a stainless steel basket behind him. There was blunt trauma to the right knee with noted blood and visual movement of the patella. He did not report the injury was evaluated and the pain persisted. A doctor's first report of illness dated 06/17/2015 reported subjective complaint of having right knee pain status post work injury. The pain was described as sharp to the inside of the knee and a burning sensation on the lateral aspect which recently began. He also reports the right knee as being weak and popping. The following diagnoses were applied: traumatic right knee internal derangement with chronic patellar femoral pain; chondromalacia of the patella, right, and partial intrasubstance tear of the patellar quadriceps tendon. The plan of care noted continuing with home exercise isometric quadriceps strengthening, continue over the counter medications and undergo a right knee arthroscopy procedure. In 2014 he was consulted and treated with a course of physical therapy treating lumbar spine but no treatment identified for the right knee. He underwent a magnetic resonance imaging study of the right knee on 02/26/2015 and is referred for orthopedic evaluation and treatment to the right knee. He is to remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.

Post-operative Cold therapy unit (days), QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: 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. In this case the requested length exceeds the guideline recommendations and is therefore not medically necessary.