

Case Number:	CM15-0174067		
Date Assigned:	09/15/2015	Date of Injury:	12/04/2008
Decision Date:	10/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/03/2015

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, Oregon, Washington
 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 56-year-old male, who sustained an industrial injury on December 4, 2008, injuring his left knee. A review of the medical records indicates that the injured worker is undergoing treatment for medial meniscus tear of the left knee per MRI. On July 29, 2015, the injured worker reported increasing pain and swelling in his knee. The Initial Orthopedic Evaluation dated July 29, 2015, noted the injured worker retired in January 2012. The injured worker's current medications were listed as Trazodone, Celexa, and Wellbutrin. The physical examination was noted to show the injured worker's knee with trace effusion, mild pain with balance testing, positive McMurray's, and medial joint line tenderness. The injured worker was noted to have minimal retropatellar crepitation, with ligaments stable to varus and valgus stress. The treating physician indicates that a MRI of the left knee showed a horizontal flap tear of the posterior horn and body with a small 3mm developing peripheral meniscal cyst. The Physician noted the injured worker was having increasing disability and wished to proceed with the surgical option, requiring medical clearance. The request for authorization dated August 6, 2015, requested an arthroscopy left knee partial medial meniscectomy, medical clearance, post-op physical therapy qty: 12.00 and a cold compression unit (days) qty: 7.00. The Utilization Review (UR) dated August 13, 2015, approved the request for an arthroscopy left knee partial medial meniscectomy and medical clearance, denied the request for a cold compression unit (days) qty: 7.00., and modified the request for post-op physical therapy qty: 12.00 to approval for #6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

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 request is not medically necessary.

Associated Surgical Service: Cold Compression Unit (7-days): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter.

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 Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM Guidelines are silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for non-surgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request is for 7 days. Therefore, the request is medically necessary.