

Case Number:	CM15-0178743		
Date Assigned:	09/21/2015	Date of Injury:	10/15/2013
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 51-year-old male who sustained an industrial injury on October 15, 2013. Diagnoses have included left knee medial meniscus tear, left knee internal derangement, chondromalacia of the patella, and tricompartmental arthritis. Documented treatment includes unspecified therapy, activity modification, home exercise, bracing, anti-inflammatory medication, and Tylenol number 3. He has been treated with Vicodin in the past. The injured worker continues to present with complaints of pain and left knee swelling. He has difficulty using stairs, squatting and kneeling. The examination on July 1, 2015 shows tenderness along the medial joint line, lateral tenderness, positive medial McMurray's test, and positive Apley compression. The injured worker walks with an antalgic gait and reports left knee "locking and catching." The injured worker has been approved to undergo left knee arthroscopy and partial medial meniscectomy which was approved August 12, 2015. The treating physician's plan of care also includes 12 post-operative physical therapy sessions for the left knee, which was modified to 6; and, a post-operative cold therapy unit purchase which was modified to a post-operative 7 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post operative physical therapy for the left knee quantity 12:
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 determination is for non-certification. Therefore, the request is not medically necessary.

Associated Surgical Service: Post Operative Cold Therapy unit purchase for the left knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg, 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 Chapter regarding continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is 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 nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, since the request has an unspecified amount of days, the determination is for non-certification. Therefore, the request is not medically necessary.