

Case Number:	CM15-0039155		
Date Assigned:	04/08/2015	Date of Injury:	07/09/2014
Decision Date:	05/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on 07/09/2014. The initial complaints or symptoms included left knee pain after falling. The injured worker was diagnosed as having multi-planar fracture of tibial plateau with lateral meniscal tear. Treatment to date has included conservative care, medications, x-rays, CT scans and MRIs of the left knee, and conservative therapies. Currently, the injured worker complains of ongoing left knee pain. The diagnoses include tibial plateau fracture of the left knee, and left knee meniscal tearing with underlying chondromalacia of the left knee. The treatment plan consisted of a diagnostic left knee arthroscopy with arthroscopic partial lateral meniscectomy, debridement and chondroplasty of the patellofemoral joint and lateral compartment of the left knee with synovectomy of the intercondylar notch and anterior compartment of the left knee, post-operative cold compression therapy (14 day rental of unit) with compression wrap, post-op physical therapy, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold Compression Therapy (14 day Rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: The patient presents with post left knee surgery. The current request is for Cold Compression Therapy (14 day rental). The treating physician states, "I have recommended at this time she begin a course of physical therapy and strengthening of the left knee." The patient had a left knee arthroscopy on 01/23/15. The Official Disability Guidelines state, "Recommended as an option after surgery. Postoperative use generally may be up to 7 days, including home use." In this case, the treating physician has documented that the patient has recently had surgery on her left knee but requested an amount that exceeds the recommended guidelines. Therefore, the current request is not medically necessary.

Compression Wrap: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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: The patient presents with post left knee surgery. The current request is for Compression Wrap. The treating physician states, "I have recommended at this time she begin a course of physical therapy and strengthening of the left knee." The patient had a left knee arthroscopy on 01/23/15. The Official Disability Guidelines state, "Recommended. Good evidence for the use of compression is available, but little is known about dosimetry in compression, for how long and at what level compression should be applied. High levels of compression produced by bandaging and strong compression stockings (30-40 mmHg) are effective at healing leg ulcers and preventing progression of post-thrombotic syndrome as well as in the management of lymphedema." In this case, the treating physician requested a treatment that is not recommended for after surgery and had not provided information on how strong the compression wrap is. Therefore, the current request is not medically necessary.