

Case Number:	CM15-0094161		
Date Assigned:	05/20/2015	Date of Injury:	07/11/2011
Decision Date:	07/15/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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 60 year old male who sustained an industrial injury on 7/11/11. The mechanism of injury is unclear. He currently complains of ongoing right knee pain causing difficulty with ambulation. On physical exam of the right knee there was joint line tenderness, patellofemoral pain, tenderness on palpation with swelling; the left knee has residual crepitation. Medications are Norco and Naprosyn. Diagnoses include status post left knee surgery with residuals; compensatory right knee derangement; plantar fasciitis right. Diagnostics include MRI of the left knee (no date) abnormal; electromyography/ nerve conduction study, left lower extremity (1/29/13) showing bilateral sensory root dysfunction, chronic L5 radiculopathy. On 5/1/15 Utilization review evaluated the requests for post-operative physical therapy three times per week for six weeks; cold therapy unit for 30 day rental; E-stimulator for 30 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 3x6 weeks: Upheld

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

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. The request exceeds the initial allowable visits. Therefore, this request is not medically necessary.

Associated surgical service: Cold therapy unit x 30 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: 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.

Associated surgical service: E-Stim x 30 day day rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (TENS) Page(s): 114-121.

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 electrical stimulation of the knee. Per the ODG, Knee section, neuromuscular electrical stimulation is recommended after major knee surgery applied immediately post-operatively. It can be recommended for TKA and ACL reconstruction. As the proposed surgery is not one where NMES is recommended, the request is not medically necessary.