

Case Number:	CM13-0001504		
Date Assigned:	12/27/2013	Date of Injury:	05/27/2010
Decision Date:	02/24/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old gentleman who sustained an injury to the left knee in a work related accident on 05/27/10. Medical records for review included a progress report dated 05/28/13 documenting ongoing complaints of pain about the left knee, with a current working diagnosis of lateral meniscal tear based on an MRI report of 03/08/11 that was not available for review. Further clinical imaging was not available for review. The progress report noted that the claimant had failed conservative care and had a physical examination that demonstrated positive lateral McMurray's testing and a restricted range of motion at the endpoint with calf and thigh atrophy. Surgical intervention in the form of a lateral meniscectomy, debridement, and chondroplasty was recommended for further treatment

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, possible arthroscopic lateral meniscectomy vs. repair, debridement and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, E-Medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, the surgical process to include lateral meniscectomy versus repair and debridement would not be indicated. ACOEM Guideline criteria supports the role of meniscectomy where findings are clearly demonstrated by more than just examination and confirmed by clinical imaging. The records in this case do not contain the formal report of imaging that is being citing from 2011. The absence of recent imaging and no indication of recent radiographs to confirm nor refute any underlying diagnosis of osteoarthritic change to the knee would not support the acute need for a surgical process that is based on an MRI scan of nearly three years ago. The surgical request would not be indicated as present.

. Physical therapy x18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, E-medicine.com

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, 18 sessions of therapy would not be indicated as the need for operative intervention has not been established.

Cold therapy unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, E-medicine.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee procedure - Continuous-flow cryotherapy

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, cryotherapy unit would not be recommended. The need of operative intervention in this case has not yet been established, thus, negating the need of this postoperative DME.

A set of Crutches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, E-Medicine.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of crutches would not be recommended as the role of surgical intervention has not yet been established.

E-Stim Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, E-Medicine.com

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Guidelines, electrical stimulation in the postoperative setting would not be recommended. Records would not support the role of this modality as the role of surgical intervention has not been established.

Pre-op clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, E-Medicine.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS ACOEM 2004 Guidelines, preoperative clearance would not be indicated. The role of surgical intervention in this case has not been established, thus, negating the need for any preoperative assessment.