

<b>Case Number:</b>	CM13-0002819		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	05/31/2007
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### 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 Physical Medicine & Rehabilitation 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 reported injury on 05/31/2007 with an unstated mechanism of injury. There was no clinical provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**for left knee arthroscopy with partial medical meniscectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** ACOEM Guidelines recommend a partial meniscectomy when patients have a clear sign of a bucket handle tear on examination and consistent findings on MRI. However, it further states that patients suspected of having meniscal tears but without progressive or severe activity limitation could be encouraged to live with the symptoms to protect the remaining meniscus. Clinical documentation submitted for review failed to provide a physical examination to support the request. Additionally, it failed to provide MRI findings. Given the above, the request for left knee arthroscopy with partial meniscectomy is not medically necessary.

**post outpatient therapy 3 x 8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** California Postsurgical Treatment Guidelines recommend an initial course of therapy that is one-half the number of visits specified in the general course of therapy, which the treatment for a meniscectomy would be 12 visits. The request would be supported for 6 visits if the request for the surgery had been approved. Given the lack of documentation, the request for post outpatient physical therapy 3 x 8 is not medically necessary.

**home assistance for 2-3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**Decision rationale:** California MTUS Guidelines recommend home health services for patients who are home bound on a part-time or intermittent basis up to no more than 35 hours per week. Clinical documentation submitted for review failed to provide an examination and failed to support the surgery as there was no accompanying examination. Given the above, the request for home assistance for 2 to 3 weeks is not medically necessary.

**CT scan lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation ODG-TWC Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** ACOEM Guidelines recommend CT scans for bony structures after conservative care. There is no accompanying examination with a rationale for the testing. Given the above and the lack of a submitted examination, the request for CT scan of the lumbar spine is not medically necessary.

**consult with a spine specialist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 194-195.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** CA MTUS/ACOEM Guidelines do not address office visits or referral to a spine specialist. Official Disability Guidelines recommend office visits based on a review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. Clinical documentation failed to provide a physical examination to support the request. Given the above, the request for consult with spine specialist is not medically necessary.