

Case Number:	CM13-0005798		
Date Assigned:	08/26/2013	Date of Injury:	11/21/2012
Decision Date:	08/14/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert 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 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/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 claimant is a 50-year-old gentleman who was injured on November 21, 2012. The records available for review document injury to the right knee, and state that the claimant has been certified for arthroscopy, partial medial and lateral meniscectomy. A June 26, 2013 progress report notes ongoing complaints of left elbow pain and tenderness both medially and laterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OPERATIVE CLEARANCE WITH [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: The ACOEM guidelines would not support preoperative medical clearance in this case. The claimant is to undergo an outpatient knee arthroscopy, and the reviewed records make no reference of an underlying comorbidity or medical issue that would result in the need for preoperative management. For these reasons, this request would not be medically necessary.

PRE-OPERATIVE DVT SEQUENTIAL BOOTS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM guidelines do not provide criteria relevant to this request. Under the Official Disability Guidelines, the request for preoperative sequential booting to the lower extremities would not be indicated in this case. The claimant is to undergo an outpatient knee arthroscopy, for which he will be weight-bearing as tolerated post-operatively. The reviewed records reference no history of venothrombotic disease or significant risk factor for DVT. Given the nature of the surgery and post-operative weight-bearing status, this request would not be medically necessary.

**POST-OPERATIVE PHYSICAL THERAPY 12 SESSIONS "WITH [REDACTED]"
RPT FOR LEFT KNEE: Overturned**

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Treatment Guidelines would support the need for 12 post-operative physical therapy sessions. The Postsurgical Treatment Guidelines provide for an 12 physical therapy sessions following knee arthroscopy. Therefore, this request is medically necessary under guidelines recommendations.

TWO IN OFFICE STEROID INJECTIONS TO LEFT ELBOW LATERAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: Under the California MTUS/ACOEM, this request would not be supported as medically necessary. While the ACOEM guidelines recommend an isolated injection for the diagnosis of epicondylitis if other forms of conservative care fail to manage symptoms, multiple or repeat injections would not be supported without documentation of significant benefit. Therefore, the request for multiple injections to both the medial and lateral epicondyle would not be indicated. The request is not medically necessary.

TWO IN OFFICE STEROID INJECTIONS TO LEFT ELBOW MEDIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: Under the California MTUS/ACOEM, this request would not be supported as medically necessary. While the ACOEM guidelines recommend an isolated injection for the diagnosis of epicondylitis if other forms of conservative care fail to manage symptoms, multiple or repeat injections would not be supported without documentation of significant benefit. Therefore, the request for multiple injections to both the medial and lateral epicondyle would not be indicated. The request is not medically necessary.