

Case Number:	CM13-0007055		
Date Assigned:	03/21/2014	Date of Injury:	04/22/2013
Decision Date:	05/20/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/05/2013

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 54-year-old female who was injured in a work related accident on April 22, 2013 sustaining injury to the right knee. Orthopedic reassessment of February 18, 2014 indicated continued complaints of right knee pain stating the claimant continues to be symptomatic utilizing non-steroidal medications. It stated a requested surgery in the form of arthroscopy was denied on February 5, 2014. Physical examination findings showed positive McMurray's testing, tenderness to palpation over the medial joint line and painful range of motion. Previous care to date has included medication management, formal physical therapy and activity restrictions. Clinical imaging noted includes an MRI scan from May 23, 2013 that shows a horizontal tear to the medial meniscus with significant underlying degenerative arthrosis most notably in the medial compartment. Plain film radiographs of the knees revealed mild joint space narrowing bilaterally. Surgical process in the form of knee arthroscopy was once again recommended for further intervention in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY WITH MEDIAL MENISCECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg Procedure Summary.

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

Decision rationale: Based on California ACOEM Guidelines, the role of surgical arthroscopy and meniscectomy is supported. The claimant's symptoms continue to be consistent with meniscal pathology with plain film radiographs demonstrating only mild joint space narrowing. Given the claimant's failed conservative care to date and MRI evidence of acute meniscal pathology, the role of surgical intervention is medically necessary and appropriate.

CRUTCHES: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Based on MTUS Guidelines and supported by Official Disability Guideline criteria, crutches would be supported. The surgical process in this case is supported. The need for post-operative crutches in assistance with weight bearing would be indicated.

COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339.

Decision rationale: CA MTUS recommend "local application of cold during the first few days of acute Complaint" The role of a cold therapy unit would not be indicated. Records do not indicate the specific length of need for the device, which is only recommended for up to seven days including home use per Guideline criteria. The lack of documented parameters would fail to necessitate this modality at present. Therefore, the request is not medically necessary and appropriate.

POST-OP PHYSICAL THERAPY TO THE RIGHT KNEE, 3 TIMES A WEEK FOR 4 WEEKS: 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: California MTUS Postsurgical Rehabilitative Guidelines would support twelve sessions of physical therapy. Guidelines support up to twelve sessions of physical therapy in the postoperative setting. The need in this case is supported

PRE-OP EKG: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, low back procedure.

Decision rationale: MTUS Guidelines criteria would support the necessity of pre-operative EKG. The treating physician indicates the need for anesthetic process as well as preoperative EKG to satisfy hospital Guidelines for surgical intervention involving anesthesia. The specific request in this case would be supported