

Case Number:	CM13-0017490		
Date Assigned:	11/20/2013	Date of Injury:	02/19/2013
Decision Date:	04/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 61-year-old gentleman who was injured in a work related accident on February 19, 2013. Clinical records reviewed include continued complaints of pain about the right knee. Reviewed was an October 22, 2013 progress report indicating continued complaints of pain about the right knee described as intermittent in intensity. There continued to be worsening symptoms despite conservative measures. Physical examination findings showed 4/5 strength globally about the lower extremity with full range of motion, +/- McMurray's testing, negative anterior drawer and posterior drawer testing and no instability. Imaging reviewed included MRI scan of the knee from May 28, 2013 that showed an oblique tear involving the posterior horn of the medial meniscus as well as signal change of the posterior cruciate ligament, a small joint effusion and significant loss of articular cartilage involving the patella and lateral compartment. Radiographs of the knee including standing weight bearing films demonstrated joint space narrowing both medially and laterally consistent with underlying degenerative arthrosis. At present there is request for surgical intervention to include an arthroscopy, chondroplasty and medial meniscectomy. Conservative care is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: 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): 344-345.

Decision rationale: Based on California ACOEM Guidelines, the role of a right knee arthroscopy in this case would not be indicated. The clinical records available for review demonstrate significant tricompartmental degenerative change with significant changes to the joint space on weight bearing radiographs and significant articular cartilage loss on MRI scan, particularly of the patella and lateral compartment. In absence of recent conservative measures including therapeutic injectables, the acute need of a surgical process given the claimant's current clinical findings that demonstrate no mechanical findings, the findings would not support the role of arthroscopy.

MEDIAL MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, surgical process has not been supported, thus negating this portion of the specific process in question.

CHONDRAL SHAVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-45.

Decision rationale: Based on California ACOEM Guidelines, surgical process has not been supported, thus negating this portion of the specific process in question.

PRE-OP MEDICAL CLEARANCE APPOINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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), CHAPTER 7, PAGE 127

Decision rationale: MTUS Guidelines would not support the need of preoperative medical clearance as the need of operative intervention has not been established.

PRE-OP LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP , 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, preoperative laboratory testing also would not be indicated as the need of operative intervention has not been established.

POST-OP PHYSICAL THERAPY TIMES TWELVE SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL TREATMENT GUIDELINES, CA MTUS 2009 POST SURGICAL REHABILITATION,

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support physical therapy as the need of operative intervention has not been established.

CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS)

Decision rationale: MTUS Guidelines are silent. Official Disability Guidelines would not support the role of crutches as the need for operative intervention has not been established.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-- OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY

Decision rationale: MTUS Guidelines are silent. Official Disability Guidelines would not support the role of a cryotherapy device given the fact that need for surgical intervention has not been established.

PRE-OP ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: MTUS Guidelines are silent. Official Disability Guidelines would not recommend the role of preoperative electrocardiogram, as this preoperative test would not be indicated as need for operative intervention has not been established.