

Case Number:	CM13-0018972		
Date Assigned:	10/11/2013	Date of Injury:	03/19/2009
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 42-year-old injured worker who sustained a left knee injury on 3/19/09. Recent clinical reports include a Magnetic resonance imaging (MRI) arthrogram to the left knee dated 9/30/13, showing chronic patellar dislocation injury with shallow impact deformity and trace edema with cartilage loss along the central portion of the patella with no bony deficit. There was no meniscal tearing or cruciate or collateral ligament tearing noted. The patient's recent clinical progress report dated 9/9/13 with the treating physician; [REDACTED] indicated subjective complaints of left knee pain with "clicking, popping, and giving way" as well as low back complaints. Objectively, there was noted to be tenderness medially and laterally at the left knee with no other findings noted. He diagnosed the patient with a medial and lateral meniscal tear as well as chondral change and stated that they were status post a left knee arthroscopic partial medial and lateral meniscectomy with prepatellar cyst excision in March 2011. Surgical arthroscopy to the knee with "treatment as indicated" was recommended due to ongoing painful complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: The Physician Reviewer's decision rationale: The employee's recent MR arthrogram fails to demonstrate surgical pathology but does demonstrate chondral change to the patella, which the California ACOEM/MTUS Guidelines do not recommend high success rate for surgical intervention. The medical records provided for review reflects that the employee does not show any evidence of internal derangement, including meniscal pathology, for which surgical intervention would be warranted. The request for left knee arthroscopy is not medically necessary and appropriate.

Cooling unit rental for two weeks: 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 (ODG) Treatment in Worker's Comp , 18th Edition, 2013, Knee Procedure, which is not part of the MTUS.

Decision rationale: The Physician Reviewer's decision rationale: Based on Official Disability Guidelines (ODG) knee procedure criteria, a cooling unit for a two week rental in the post-operative course would not be supported. The medical records provided for review reflects that the requested surgical intervention in this case is not indicated and there would be no need for use of a cryotherapy unit postoperatively. Cryotherapy devices are also only recommended for up to seven days including home use. The request for cooling unit for two weeks is not medically necessary and appropriate.

Surgi Stim unit rental for two weeks: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: The Physician Reviewer's decision rationale: Based on the Knee Complaints (ACOEM/MTUS Practice Guidelines, Surgi stim rental in the postoperative setting for two weeks time would not be supported. According to the California ACOEM/MTUS Guidelines indicate that transcutaneous electrical neurostimulation device usage may be beneficial in patients with chronic knee pain but there is insignificant evidence of benefit in the acute stage of knee problems. The medical records provided for review does not indicate use of operative intervention. The request for surgic stim unit for two weeks is not medically necessary and appropriate

Preoperative labs: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure/Preoperative Lab Testing, which is not part of the MTUS.

Decision rationale: The Physician Reviewer's decision rationale: According to the California Knee Complaints ACOEM/MTUS Guidelines regarding history and examination, state "Certain findings on the history and physical examination raise suspicion of serious underlying medical conditions known as red flags (see Table 13-1). Their absence rules out the need for special studies, referral, or inpatient care during the first 4 to 6 weeks, when spontaneous recovery is expected (provided any inciting workplace factors are mitigated)". The Official Disability Guidelines criteria state that, preoperative laboratory assessment prior to surgical intervention is not recommended as a screening measure. The medical records provided for review reflects that the employee does not have an apparent surgical need or specific clinical indication for the requested blood work. The request for preoperative labs is not medically necessary and appropriate.

Chest X-ray: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure/Preoperative Lab Testing, which is not part of the MTUS

Decision rationale: The Physician Reviewer's decision rationale: According to the California ACOEM/MTUS Knee Complaints chapter regarding history and examination, state "Certain findings on the history and physical examination raise suspicion of serious underlying medical conditions known as red flags (see Table 13-1). Their absence rules out the need for special studies, referral, or inpatient care during the first 4 to 6 weeks, when spontaneous recovery is expected (provided any inciting workplace factors are mitigated)". The Official Disability Guidelines (ODG) criteria indicate that preoperative chest x-ray prior to surgical intervention is not recommended as a screening measure. The medical records provided for review reflects that the employee does not have a surgical need or specific clinical indication for a chest x-ray. The request for chest X-ray is not medically necessary and appropriate.