

Case Number:	CM13-0022832		
Date Assigned:	11/15/2013	Date of Injury:	06/27/2007
Decision Date:	01/09/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/11/2013

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 has a subspecialty in fellowship trained in Spine 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. 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:

This claimant is a 60-year-old male with a reported date of injury of 06/27/2007. The mechanism of injury is described as being struck from behind when he was in his vehicle by another car traveling approximately 25 to 30 miles per hour. He was seen in clinic in 07/2012, at which time his gait was within normal limits without assistive devices. On 06/26/2013, MRI of the right knee was obtained revealing a horizontal tear of the posterior horn and body of the medial meniscus and medial knee compartment cartilaginous thinning. He was seen in clinic on 07/15/2013 where it was reported that he "continues with pain, popping, and catching, and swelling." The claimant has been diagnosed with cervical and lumbar spine stenosis, right shoulder fracture, bilateral pelvic ring fracture, right acetabular fracture, posttraumatic stress disorder, and a medial meniscus tear to the right knee. Plan at that time was to go forward with arthroscopy medial meniscectomy and chondroplasty of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Physicians as Assistants at Surgery, 2011..

Decision rationale: The MTUS/ACOEM Guidelines and Official Disability Guidelines (ODG) do not specifically address this issue. In their publication entitled Physicians as Assistants at Surgery, The American College of Surgeons indicates that, "In general, the more complex or risky the operation, the more highly trained the first assistant should be." Criteria would include documenting anticipated fatigue factors affecting the surgeon and other members of the operating team and procedures requiring more than 1 operating team. The submitted records do indicate that the employee has a horizontal tear of the posterior horn and body of the medial meniscus on MRI of 06/26/2013. The clinical note of 07/15/2013 states, "Continues with pain, popping, and catching, and swelling." This is not specific to the right or left knee and the employee's left knee is status post meniscectomy as well. The records provided for this review do not document significant conservative care specific to the right knee as physical therapy notes were not provided. MTUS/ACOEM Guidelines do indicate for surgery to be considered there should be failure of exercise programs to increase range of motion and strength of the musculature around the knee. There should be clear signs of a tear or an examination such as 10 minutes over the suspected tear, but not over the entire joint line, and perhaps lack of full passive flexion, and consistent findings on MRI. If symptoms are lessening, conservative measures can maximize healing per MTUS/ACOEM. Also, per MTUS/ACOEM, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs and objective changes. The MRI does reveal medial knee compartment cartilaginous thinning indicative of degenerative changes. Additionally, the last clinical note provided for this review is dated 07/15/2013. A more current clinical evaluation of the employee and whether or not their symptoms are persistent to the right knee has not been provided for this review. The request for an assistant surgeon is not medically necessary and appropriate.

Cold therapy unit purchase: 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): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Cryotherapy..

Decision rationale: The MTUS/ACOEM Guidelines, Chapter 13, indicates patients at home applications of heat or cold packs may be used before and/or after exercises and may be effective as those performed by a therapist. In support, MTUS/ACOEM, Official Disability Guidelines, Knee Chapter, indicates that a cold therapy unit may be utilized postoperatively for periods up to 7 days. This would include home use but it is not meant for nonsurgical treatment and not meant for treatment after 7 days. As discussed previously, the criteria have not been met for surgical intervention at this time based on the records provided for this review. The request includes purchase of the unit which is not supported by Official Disability Guidelines and the records do not indicate he has failed local applications of cold as recommended by MTUS/ACOEM.

Additionally, the records do not include current physical exam notes to document that the employee is currently symptomatic to the right knee. The request for cold therapy unit purchase is not medically necessary and necessary.