

<b>Case Number:</b>	CM13-0023491		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	02/17/1999
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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:

This is a 79-year-old female who sustained a work related injury on 02/17/99. Specific to her left knee, there is documentation of anterior horn tearing to the lateral meniscus with diffuse medial meniscal body tearing, anterior cruciate ligament strain and significant medial greater than lateral joint line changes. Follow up clinical assessment of 08/08/13 with [REDACTED] did not document exam findings. It states that she had failed conservative care in regards to nonsurgical treatment. The provider recommended a preoperative vascular examination, left knee arthroscopy with meniscectomy and debridement as well as two sessions of preoperative physical therapy. Clinical records indicate that the surgical request was not supported by the utilization review process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRE-OPERATIVE PHYSICAL THERAPY, 2 TIMES A WEEK FOR 1 WEEK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The Expert Reviewer's decision rationale: The MTUS Guidelines would not support the acute need of preoperative physical therapy. While guidelines would support the role

of up to 12 sessions of postoperative physical therapy, the need for preoperative physical therapy in this case or need for surgical intervention has not yet been established and as such the therapy would clearly not be indicated. The request for pre-operative physical therapy, 2 times a week for 1 week is not medically necessary.

**VASCULAR EXAM:** 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 MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), 7 Independent Medical Examinations And Consultations, Page 127.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS ACOEM Guidelines do not support the role of a preoperative vascular examination as there is currently no indication for the surgical procedure in this case. Additionally, there are no pertinent positive findings from a vascular examination standpoint that would support a need for a vascular exam or consultation. The request for vascular exam is not medically necessary.