

Case Number:	CM13-0023994		
Date Assigned:	11/20/2013	Date of Injury:	08/09/2011
Decision Date:	02/20/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

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. 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 patient is a 56 year old female who was injured in a work related accident on 08/09/11. Specific to her right knee, clinical records for review indicated a 09/09/13 assessment by [REDACTED], documenting ongoing complaints of pain about the right knee. Objectively, there was noted to be no motor or sensory deficits, a positive McMurray's and Apley's test with no other definitive findings. The claimant's working assessment was "chondromalacia of the right knee and meniscal tear." Imaging to the right knee included a 05/17/13 MRI report that showed a horizontal tear to the meniscus medially with prepatellar bursitis, no joint effusion, and no other significant findings. Surgery is being recommended in the form of a diagnostic arthroscopy, debridement of the meniscus and anterior cruciate ligament with medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic Arthroscopy Tissue Repair and Debridement Meniscus or Anterior Cruciate Ligament w/Medical Clearance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation ACC/AHA 2007 guidelines, Perioperative Cardiovascular Evaluation

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

Decision rationale: Based on California ACOEM 2004 Guidelines, the role of surgical process in this case would appear warranted. The claimant's current physical examination findings correlate with imaging that is specific for a medial meniscal tear with a perimeniscal cyst. The specific request for "debridement of the meniscus or anterior cruciate ligament" would not include a reconstructive process to the anterior cruciate ligament, which would not be appropriate. Given the claimant's age, the role of medical clearance would also be supported. The need of procedure in question appears medically necessary.

Cold Therapy Unit (rental): 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), multiple chapters Cervical, Lumbar, Shoulder and Knee

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 Updates: knee procedure- Continuous Flow Cryotherapy.

Decision rationale: California ACOEM and MTUS Guidelines. When looking at Official Disability Guidelines criteria, cryotherapy devices are only recommended for seven days including home use. The request in this case does not indicate a specific timeframe for the rental in question. The role of a cryotherapy device in this clinical setting would not be indicated.

Knee Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

Decision rationale: Based on California ACOEM 2004 Guidelines, a knee brace would not be indicated. Knee braces are only indicated for the diagnosis of a MCL strains and anterior cruciate ligament tearing. ACOEM Guideline criteria would not recommend the use of a knee brace prophylactically following a meniscectomy. The specific request for the surgical process in this case would not be indicated.

Pain Pump: 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), Knee.

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 Updates: Shoulder Procedure- Post operative Pain Pump.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a pain pump would not be indicated. ODG Guideline criteria does not recommend the role of pain pumps in the postoperative setting citing lack of randomized clinical trials demonstrating their efficacy and benefit.

Post-OP Therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, eight sessions of physical therapy would be indicated. The Postsurgical Rehabilitative Guidelines support "12 sessions over 12 weeks." This specific request for eight sessions in this case would fall within the guideline criteria and would be supported.