

<b>Case Number:</b>	CM13-0025264		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 66-year-old who sustained a right knee injury in a work related accident on January 11, 2013. The clinical records provided for review indicate that the claimant has now failed conservative care. A Utilization Review certified a request for knee arthroscopy with partial medial meniscectomy and chondroplasty of the patella. This review is for specific requests in regards to the claimant's perioperative course of care; the first one an assistant surgeon for the surgical arthroscopy; the second one is for eighteen initial sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**"Associated surgical service"- ASSISTANT SURGEON (FOR APPROVED ARTHROSCOPIC MEDIAL MENISECTOMY AND CHONDROPLASTY OF RIGHT PATELLA): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Milliman Care Guidelines 17th Edition: Assistant Surgeon Guidelines (Codes 29240 To 29894) Cpt® Y/N Description 29881

**Decision rationale:** The CA MTUS and ACOEM Guidelines do not address the use of surgical assistants. When looking at the Milliman Care Guidelines, a knee arthroscopy and meniscectomy would not necessitate the role of an assistant surgeon. Therefore, the request for an Assistant Surgeon is not recommended as medically necessary for this procedure.

**"Associated surgical service"- POST-OP PHYSICAL THERAPY (PT), 3 X PER WEEK FOR 6 WEEKS (TOTAL OF 18 SESSIONS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 836; 836.0; 836.1; 836.2; 836.3; 836.5)..

**Decision rationale:** The California MTUS Postsurgical Rehabilitative Guidelines do not recommend eighteen sessions of initial physical therapy. The Postsurgical Rehabilitative Guidelines support up to twelve sessions of physical therapy in the postoperative setting over twelve weeks. The specific request for eighteen sessions would exceed the Rehabilitative Guidelines and would not be indicated. The request for post-op physical therapy 3 times per week for 6 weeks is not medically necessary.