

Case Number:	CM13-0027960		
Date Assigned:	11/22/2013	Date of Injury:	12/14/1995
Decision Date:	01/23/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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 74-year-old gentleman who was injured in a work related accident on December 14, 1995. Records reviewed include a recent orthopedic progress report of September 20, 2013 by [REDACTED] indicating an appeal for denial of recent right knee arthroscopy, debridement and lateral meniscectomy. It indicates at that time that his right knee was with diminished activities of daily living but gives no indication of recent treatment and states examination shows a positive McMurray's test and continued "popping". He also appealed the decision for denial of thoracic and cervical physical therapy as well as use of a hospital bed giving no documentation of physical examination findings or specific indication for need. On September 18, 2013, [REDACTED] saw the claimant for continued complaints of bilateral knee pain, low back pain with objective findings specific to the right knee demonstrating restricted range of motion from 10 to 80 degrees. Examinations of the thoracic and cervical spine were not performed. Previous MRI of the right knee available for review dated November 27, 2012 showed tricompartmental degenerative osteoarthritic change most noted in the medial and patellofemoral compartments with a joint effusion and a horizontal tear to the lateral meniscus. Prior treatment to the lumbar and the thoracic spine has included a course of formal physical therapy with physical therapy notes provided between January 2013 and February 8, 2013. It states the claimant attended twelve sessions during that time. At present there is a request for right knee arthroscopy, twelve sessions of thoracic, twelve sessions of cervical physical therapy and a hospital bed for this claimant's care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic debridement and lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG/Knee: ODG Indications for Surgery-Meniscectomy

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention to include arthroscopy and meniscectomy would not be supported. California ACOEM Guidelines in regards to surgical arthroscopy and meniscectomy indicate that it may not be equally beneficial for claimant's exhibiting signs of degenerative change. Claimant's clinical records indicate tricompartmental degenerative arthrosis in the setting of meniscal tear. Guideline criteria cannot be supportive of the role of an acute meniscectomy at this stage in the claimant's clinical course of care greater than fifteen years from injury with clear evidence of advanced degenerative arthrosis noted.

Physical Therapy to the thoracic spine 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the role of continued physical therapy in this case for twelve additional sessions would not be indicated. Records indicate that the claimant had twelve recent sessions of physical therapy in February of 2013 with no documentation of findings of acute exacerbation to the cervical or thoracic spine. Absent clinical examination findings and correlation with documentation of physical therapy that has recently been utilized, the role of continued use of this modality in the chronic stage of the claimant's course of care would not be indicated.

Physical therapy for the cervical spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the role of continued physical therapy in this case for twelve additional sessions would not be indicated. Records indicate that the claimant had twelve recent sessions of physical therapy in February of 2013 with no documentation of findings of acute exacerbation to the cervical or thoracic spine. Absent clinical examination findings and correlation with documentation of physical therapy that has recently been utilized, the role of continued use of this modality in the chronic stage of the claimant's course of care would not be indicated.

Hospital bed that elevates 45 degrees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-DME defined

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee procedure, Durable medical equipment (DME) and Low Back procedure-Mattress selection.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria in regards to durable medical equipment as well as selection such as mattress criteria, the role of a hospital bed would not be indicated. DME devices are typically recommended only when the use is appropriate for a claimant's home and primarily and customarily is used to serve a medical purpose. The records in this case do not indicate a current diagnosis for which the use of a home hospital bed would be indicated. There is no current indication as to the primary and customary use of a hospital bed to serve a medical purpose in this case. Such criteria as mattress selection and bed use are subjectively and typically dependent upon personal preferences and individual factors. The claimant's current clinical setting would not support the role of this DME modality.