

Case Number:	CM13-0030127		
Date Assigned:	01/24/2014	Date of Injury:	06/17/2010
Decision Date:	05/20/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/26/2013

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 Pennsylvania. 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 54-year-old female with a reported left knee injury after a softball hit her knee. The claimant also reported an aggravation of her knee pain when she was kicked by a 4-year-old, after which time she reported 10/10 pain. An ultrasound performed in August of 2013 was reported to show a medial meniscal tear. Left knee arthroscopy was requested in addition to preoperative clearance, a continuous passive motion device, an electrical stimulator, and a Coolcare Therapy Unit. An appeal letter suggested the claimant has treated with home exercises and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE PARTIAL MEDIAL MENISCECTOMY CHONDROPLASTY AND DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Knee and leg: diagnostic ultrasound.

Decision rationale: The requested surgery cannot be recommended as medically necessary based on the information reviewed. California MTUS ACOEM Guidelines generally only allow meniscectomy for patients who have "mechanical symptoms and signs of serious limitations if MRI findings are consistent for meniscal tear." Conservative care generally includes medications or physical therapy. Not addressed by the CA MTUS ACOEM Guidelines but as recommended by the Official Disability Guidelines, they do not allow for arthroscopic meniscectomy based on diagnostic ultrasound imaging. Diagnostic ultrasound imaging is not readily accepted for the diagnosis of meniscal pathology. Therefore, the records do not support that the claimant has had appropriate diagnostic imaging or sufficient conservative care to support the medical necessity for left knee partial medial meniscectomy chondroplasty and debridement. Left Knee Partial Medial Meniscectomy Chondroplasty And Debridement is not medically necessary and appropriate.

PREOPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter low back: Pre-op testing.

Decision rationale: The records do not indicate that the claimant has appropriate diagnostic imaging or sufficient conservative care as recorded by guidelines to support the requested surgical procedure based on the information provided. Therefore the request for pre-op testing would also not be medically necessary.

POSTOPERATIVE PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The records do not indicate that the claimant has appropriate diagnostic imaging or sufficient conservative care as recorded by guidelines to support the requested surgical procedure based on the information provided. The associated request for postoperative physical therapy would also not be recommended as medically necessary.

CONTINUOUS PASSIVE MOTION FOR 14 DAYS: 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 Official Disability Guidelines (ODG) Chapter knee and leg: continuous passive motion machine.

Decision rationale: The records do not indicate that the claimant has appropriate diagnostic imaging or sufficient conservative care as recorded by guidelines to support the requested surgical procedure based on the information provided. The associated request for use postoperatively for a continuous passive motion machine would not be recommended as medically necessary.

SURGI-STIM UNIT FOR 90 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116-117.

Decision rationale: The records do not indicate that the claimant has appropriate diagnostic imaging or sufficient conservative care as recorded by guidelines to support the requested surgical procedure based on the information provided. The associated request for a Surg-stim unit would also not be recommended as medically necessary.

COOLCARE COLD THERAPY UNIT: 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 Official Disability Guidelines (ODG) Chapter knee: cold therapy unit.

Decision rationale: The records do not indicate that the claimant has appropriate diagnostic imaging or sufficient conservative care as recorded by guidelines to support the requested surgical procedure based on the information provided. The associated request for a Coolcare Cold Therapy Unit would not be recommended as medically necessary.