MAXIMUS Federal Services

Case Number:	CM13-0037680		
Date Assigned:	01/10/2014	Date of Injury:	07/10/2013
Decision Date:	04/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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 claimant is a 43-year-old male with an injury to the knee that occurred on July 10, 2013. The claimant reports continued knee pain despite treatment with medications and physical therapy. An MRI report of the knee revealed a linear signal abnormality of the medial meniscus. However, the radiologist suggested that the line was faint, and the clinical significance was unable to be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy with possible arthrotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/ACOEM guidelines do not address diagnostic arthroscopy. The Official Disability Guidelines generally allow for a diagnostic arthroscopy in patients who fail conservative care with medications or physical therapy. Surgery is allowed in patients who report ongoing pain and limitations and have inconclusive imaging. This claimant

certainly would appear to have inconclusive imaging according to the report of the MRI read by the radiologist. The claimant does have potential exam findings of a meniscus tear with tenderness along the joint line and a click with stress. It would be reasonable, therefore, to pursue a diagnostic arthroscopy with treatment of meniscal pathology as requested. The request is certified.

postoperative physical therapy twice a week for four weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: It is in line with the California MTUS Postsurgical Treatment Guidelines that up to twelve postoperative visits of physical therapy are supported for this specific surgery. As such, the request for eight sessions of physical therapy is certified.

crutches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

Decision rationale: The Official Disability Guidelines do support crutches in the postoperative setting for this treatment. As such, the request is certified.