

Case Number:	CM13-0039690		
Date Assigned:	12/20/2013	Date of Injury:	03/27/2013
Decision Date:	04/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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:

This is a 52-year-old gentleman injured in a work-related accident on 3/27/13. The clinical records specific to treatment of his left knee included a report of an MRI dated 5/15/13 identifying a tear of the medial meniscus with horizontal intrasubstance tearing to the posterior horn of the lateral meniscus, and medial tibiofemoral osteoarthritis. A clinical assessment dated 9/13/13 with [REDACTED] documented continued left knee complaints described as aching. Physical examination documented pain with flexion and extension with no other significant findings. [REDACTED] documented that surgical arthroscopy was recommended. Documentation also noted that the claimant was status post two prior arthroscopic procedures for the left knee. The previous orthopedic assessment dated 9/8/13 by [REDACTED] documented that the claimant was utilizing a brace and continued to have tenderness over the patella, a positive McMurray's test, and medial and lateral joint line pain.

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 partial medial and lateral meniscectomy quantity 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 334-345.

Decision rationale: Based on California ACOEM 2004 Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. The claimant's current clinical picture indicates prior multiple surgical arthroscopies to the left knee but no documentation of recent conservative care that has been utilized. At this time, the absence of documentation of recent conservative measures for his knee-related complaints would fail to necessitate a third operative arthroscopy. This recommendation takes into account the claimant's clinical MRI findings including formal tearing of the lateral meniscus, which was only identified by a signal change, which in and of itself, may be highly indicative of previous surgical intervention.

pro tech multi stim times fourteen days quantity 14.00: 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 Chronic Pain Medical Treatment Guidelines, Section Interferential Current Stimulation (ICS); p 118,120

Decision rationale: Based upon the CA ACOEM 2004 Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for a Pro-Stim unit for fourteen days following surgery cannot be recommended.

continuous positive motion device (CPM) times fourteen days quantity 14.00: 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) -- Official Disability Guidelines Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - Continuous passive motion (CPM)

Decision rationale: Based upon the CA ACOEM Guidelines the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for a CPM device for the left knee would also not be recommended.

Q tech recovery system/ cold therapy unit times fifteen days quantity 15.00(per PR2 request, request for 15 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) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Game Ready's accelerated recovery system.

Decision rationale: Based upon the CA ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for combination therapy device to include a Q-Tech Recovery System and cryotherapy for fifteen days would not be indicated.

post-op crutches quantity 1.00: 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) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Based upon the CA ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for crutches would not be recommended.

post-operative physical therapy three times four, quantity 12.00: 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: Based on California ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for post-operative physical therapy would not be indicated.

urine drug screen quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, 7/18/09 Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Urine Drug Screen..

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for a urine drug screen would not be indicated.

pre-operative clearance quantity 1.00: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for pre-operative clearance would not be indicated.

lab work quantity 1.00: 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) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure Preoperative lab testing.

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for lab work would not be indicated.

x-ray of left knee quantity 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 2009 ACOEM Guidelines, 2nd Edition, 2004, p. 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Radiography (x-rays).

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for an x-ray of the left knee would not be indicated.

post-op knee brace quantity 1.00: 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Knee brace.

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy with possible partial medial and lateral meniscectomy cannot be recommended as medically necessary. Therefore, the request for post-operative knee brace would not be indicated.