MAXIMUS Federal Services

Case Number:	CM13-0041130		
Date Assigned:	12/20/2013	Date of Injury:	08/26/2011
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 53-year-old female who injured her right knee on 10/18/12. Clinical records for review indicated that the claimant underwent a 06/05/13 right knee arthroscopy where findings showed Grade I changes of the patella, full thickness medial femoral condyle deficit with meniscal tear treated with partial medial meniscectomy and a full thickness ACL tear as well as lateral meniscal tear treated with partial lateral meniscectomy. Surgical reconstruction of the ACL did not take place. A follow up of 09/11/13 documented that the claimant had continued complaints of pain about the right knee for which a recent MRI scan showed a chondral flap of the lateral tibial plateau, a posterior horn medial meniscal tear, a Baker cyst, and a joint effusion. Based on failed conservative care, surgical intervention was recommended in the form of an arthroscopy. It was documented that the arthroscopy ultimately took place. There is request from prior denial for use of a DVT max device, compression wraps, a cold therapy unit purchase as well as the role of partial meniscectomy at the time of procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45.

Decision rationale: The Physician Reviewer's decision rationale: Based on ACOEM Guidelines, partial meniscectomy in this case would not have been medically necessary. The claimant was noted to have endstage degenerative change of the medial compartment of the knee. ACOEM Guideline criteria indicate that surgical meniscectomy does not have equal benefit for patients who are exhibiting signs of advanced degenerative change. The claimant's clinical picture of the knee is highly consistent with an arthritic process. The acute need of a meniscectomy in the role of the surgical process would not have been indicated.

DVT max: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines.

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

Decision rationale: CA MTUS ACOEM Guidelines are silent. A DVT max device would not have been indicated. While ODG Guideline criteria would recommend the role of appropriate venous thrombosis following a knee arthroscopy, the use of the specific home device would not have been indicated with as there is no documentation to support that this claimant would not have been advanced in activity quickly in the postoperative period. Knee arthroscopy is a weightbearing recovery for which claimants are quickly able to advance overall strength and function. The specific request in this case would not have been indicated

compression wraps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines

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 Compression garments.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria the use of compression wraps in this case also would not be indicated. The records do not indicate the frequency or duration for which the "wraps" would be utilized. While ODG Guideline criteria recommend the role of compression garments, it does so with "little known in terms of degree of compression and for how long and at what level compression could be applied." The vague recommendation for Official Disability Criteria would not support the

request in this case that does not indicate degree of compression, frequency, or duration of compression.

cold therapy unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines

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-flow cryotherapy

Decision rationale: : MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, cryotherapy device to the knee for purchase would not be indicated. Official Disability Guidelines criteria would recommend the role of a cold therapy device in the home setting on a rental basis for up to seven days, including home use. There would be no indication for purchase of the device or use after a seven day period of time.