

Case Number:	CM13-0041308		
Date Assigned:	12/20/2013	Date of Injury:	03/19/2012
Decision Date:	02/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/14/2013

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:

The patient is a 59-year-old female who was injured on 03/19/12. The clinical records for review included an 08/28/13 assessment by [REDACTED], which noted a current diagnosis of right knee internal derangement with a lateral meniscal pathology and left knee patellofemoral joint chondromalacia. Reviewed at that time was a 05/22/13 Magnetic resonance imaging (MRI) of the right knee that showed diffuse complex degenerative tear to the lateral meniscus with full thickness cartilage loss to the lateral femoral condyle. [REDACTED] documented that the claimant has failed conservative care and based on positive examination findings of lateral tenderness to palpation, surgical arthroscopy was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial meniscectomy and debridement: Upheld

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

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

Decision rationale: California American College of Occupational and Environmental Medicine (ACOEM) Guidelines would not support the role of the proposed surgery. While the claimant is

noted to have degenerative meniscal tearing, she is also noted to have full thickness cartilage to the lateral compartment. California American College of Occupational and Environmental Medicine (ACOEM) Guidelines clearly indicates that arthroscopic intervention for meniscal procedures is not equally beneficial for patients exhibiting advanced degenerative changes. Given the claimant's endstage degenerative changes and degenerative appearance of the meniscal tear, the acute need of operative intervention would not be recommended.

Thermocool hot and cold contrast therapy with compression times 60 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345. 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) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of a Thermo cold heat and cold therapy unit would also not be supported. The above device and combination therapy device is not supported in the postoperative setting. Furthermore, the operative intervention in this case cannot be recommended thus the Thermo cold heat and cold therapy unit cannot be supported.

Combo care four electrotherapy times 60 days rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The role of a Combo Care for electric therapy system for 60 day rental would also not be supported. Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines, the above device would not be supported as the need for operative intervention in this case has not been established.

Continuous passive motion(CPM) machine times 60 days rental: Upheld

Claims Administrator guideline: The Claims Administrator 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.

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: The role of a continuous passive motion (CPM) machine times 60 day rental would also not be supported. Based on the Official Disability Guidelines, the above device would not be supported as the need for operative intervention in this case has not been established.

Deep vein thrombosis prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator 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.

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: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, deep vein thrombosis prophylaxis would not be indicated as the need for operative intervention in this case has not been established.

Twelve sessions of post-operative physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative 2009 Guidelines, physical therapy for twelve sessions would not be indicated. The records in this case do not support the need of operative intervention, thus, negating the need of postoperative physical therapy.

Mobility crutches purchase: Upheld

Claims Administrator guideline: The Claims Administrator 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.

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: California Medical Treatment Utilization Schedule (MTUS) Guidelines are silent. When looking at Official Disability Guidelines criteria, a walking aide in the form of crutches would not be indicated for purchase. The role of operative intervention in this case has not been established, thus, negating the need of this postoperative durable medical equipment.

