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| Case Number: | CM13-0041333 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 05/05/2007 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 09/16/2013 |
| Priority: | Standard | Application Received: | 10/14/2013 |

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 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 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:

This is a 66-year-old male who was injured on May 5, 2007. The requests in this case are in regards to the right knee. The records provided for review include an operative report dated November 28, 2013, for right knee arthroscopic partial medial and lateral meniscectomy with tricompartmental debridement. Pre-operative documentation indicated the claimant had continued complaints of pain despite conservative measures. Pre-operative imaging dating back to 2007 revealed degenerative changes on radiological assessment and an MRI with both medial and lateral meniscal pathology, as well as tricompartmental degenerative changes. The records indicated that the surgical process was requested at the September 11, 2013, assessment and took place in November.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ARTHROSCOPIC PARTIAL MEDIAL AND PARTIAL LATERAL MENISOCOTOMY, CHRONDROPLASTY 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): 344-45.

Decision rationale: Based on the California ACOEM guidelines, the request for right arthroscopic partial medial and partial lateral meniscectomy, chondroplasty and debridement would not have been recommended as medically necessary. The records show that the claimant has advanced degenerative change on pre-operative imaging. According to the ACOEM Guidelines, the presence of degenerative changes is a direct contraindication for surgical arthroscopy as there is no added value in the surgical meniscectomy process for which advanced degenerative change is noted. The specific request for the surgery that appears to have ultimately been performed would not have been supported. Therefore, the right knee surgical procedure was not medically necessary or appropriate.

"Associated surgical service"- POST-OP PHYSICAL THERAPY 3 X 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service"-POST-OP DME: SURGI-STIM UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service"-POST-OP DME:CPM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service"-POST-OP DME: COOL CARE CARE 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 cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

"Associated surgical service"- POST-OP DME: CRUTCHES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.