

Case Number:	CM13-0041956		
Date Assigned:	12/20/2013	Date of Injury:	06/28/2013
Decision Date:	06/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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:

The claimant is a 54 year old male who injured his right knee in a work related accident on June 28, 2013. The clinical records provided did not contain any formal imaging reports. The assessment on July 8, 2013 documented that radiographs were within normal limits. An August 20, 2013 hand written progress report documented right knee pain, and objective findings showed tenderness. The progress report documented that an MRI scan demonstrated a tear. The claimant's working diagnosis was patellar tendinitis and that conservative treatment has included physical therapy, medication management and a prior corticosteroid injection. The recommendation was made for surgical intervention to include arthroscopy and meniscectomy of the right knee with preoperative medical clearance, use of cryotherapy device and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY, INTRA-ARTICULAR SURGERY AND MEDICAL MENISCECTOMY OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MENISCUS TEARS, CHAPTER 13-KNEE COMPLAINTS, 343-344

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

Decision rationale: Based on the Knee Complaints Chapter ACOEM Practice Guidelines the surgical request to include medial meniscectomy would not be indicated. The ACOEM Guidelines state, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." At the present there is a no documentation of any imaging reports for review that would support the requested surgical process. The lack of information fail to necessitate the request. Therefore the request is not medically necessary.

PRE-OP MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127.

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

PURCHASE OF A COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: COLD THERAPY, CHAPTER 13-KNEE COMPLAINTS, 338

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 TABLE 13-3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2014 Updates: knee procedure - Continuous-flow cryotherapy

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

EIGHTEEN (18) POST-OP PHYSICAL THERAPY SESSIONS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.