MAXIMUS Federal Services

Case Number:	CM13-0043980		
Date Assigned:	03/28/2014	Date of Injury:	02/17/2009
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/31/2013

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 Texas. 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 patient is a 60-year-old female who reported an injury on 02/17/2009. The mechanism of injury was a trip and fall. The patient's diagnosis is tear of the medial cartilage or meniscus of the knee current. The patient had an MRI of the right knee on 06/08/2012, which revealed comparison with the prior MRI of the right knee there had been progression of degenerative joint changes of the knee with more extensive articular cartilage abnormalities involving the medial compartment. There was a persistent degenerative tear involving the posterior horn of the medial meniscus with an equivocal tear involving the posterior horn of the lateral meniscus. The patient had subchondral bone abnormalities within the peripheral aspect of the medial tibial plateau that had almost completely resolved. The patient had a left knee MRI on 06/08/2012, which revealed the patient had a meniscal tear involving the posterior horn of the medial meniscus extending to both the superior and inferior articular surfaces. There were persistent degenerative changes involving the medial, lateral, and patellofemoral compartments of the knee. A DWC Form RFA requested outpatient diagnostic operative bilateral knee arthroscopy, possible arthroscopic medial meniscectomy versus repair, debridement and chondroplasty, as well as preoperative medical clearance, postoperative physical therapy, DME, and an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY, POSSIBLE MEDIAL MENISCECTOMY, BILATERAL KNEES:
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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The ACOEM Guidelines indicate a meniscectomy is appropriate for patients who have clear evidence of a meniscus tear including symptoms other than pain including locking; popping, giving way, and recurrent effusion, clear signs of a bucket handle tear on examination, and consistent findings on MRI. The patient had objective findings on the bilateral MRI's. The clinical documentation submitted for review failed to provide an objective physical examination and a PR2 with the requested service. The request for an arthroscopy, possible medial meniscectomy, bilateral knees is not medically necessary and appropriate.

ARTHROSCOPY WITH POSSIBLE DEBRIDEMENT AND CHONDROPLASTY, BILATERAL KNEES: 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)

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.

PRE-OPERATIVE MEDICAL CLEARANCE (PER 10/15/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guidelines.gov/content.aspx?id=38289, Preoperative Evaluation.

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.

THERAPEUTIC PROCEDURE, 3 TIMES PER WEEK FOR 6 WEEKS, FOR THE BILATERAL KNEES: Upheld

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

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.

14-DAY RENTAL OF A COLD THERAPY UNIT (PER 10/15/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008) pgs. 1015-1017

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.

14-DAY RENTAL OF E-STIM (PER 10/15/13 FORM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), pgs.1015-1017

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.

ASSISTANT SURGEON FOR BILATERAL KNEE SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Assoication of Orthopadeics Surgeons Position Statement Reinbursement of the First Assistant at Surgery in Orthopadeics.

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.

POST OPERATIVE PHYSICAL THERAPY EVALUATION FOR BILATERAL KNEES: Upheld

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

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.

THERAPEUTIC PROCEDURE: REEDUCATION OF MOVEMENT, 3 TIMES PER WEEK FOR 6 WEEKS, FOR THE BILATERAL KNEES: Upheld

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

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.

INITIAL 30 MIN TRAINING - DAILY LIVING ACTIVITY, 3 TIMES PER WEEK FOR 6 WEEKS, FOR THE BILATERAL KNEES: Upheld

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

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.

THERAPEUTIC ACTIVITIES DIRECT WITH THERAPIST, 15 MIN EACH, 3 TIMES PER WEEK FOR 6 WEEKS, FOR THE BILATERAL KNEES: Upheld

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

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.

SOFT TISSUE MOBILIZATION, 3 TIMES PER WEEK FOR 6 WEEKS, FOR THE BILATERAL KNEES: Upheld

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

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.

PHYSICAL MED TREATMENT JOINT MOBILIZATION, 3 TIMES PER WEEK FOR 6 WEEKS, FOR THE BILATERAL KNEES: Upheld

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

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.

WALKER FOR S/P BILATERAL KNEES: 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).

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.