

Case Number:	CM13-0046477		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2009
Decision Date:	07/15/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 applicant is a 60-year-old male with a reported date of injury of January 14, 2009 while employed with [REDACTED] as a deputy probation officer. The applicant presented to [REDACTED] in January 2011 with complaints of bilateral shoulder, lumbar spine and bilateral knee pain. Thus far, the applicant has been treated with medications, physical therapy, arthroscopic surgery on the right knee on May 16, 2013. Subjective complaints on the December 04, 2013 examination included pain and discomfort in the right shoulder, lumbar spine, right knee and left knee. The applicant rated his pain a 9.5/10 during this visit. Subjective findings included tenderness to palpation over the bilateral shoulders, knees and lumbar spine with limited range of motion. Range of motion changes in the left knee of 6 from previous visit. An MRI of the left knee performed January 27, 2009 revealed tears of the lateral and medial meniscus; grade I medial collateral ligament (MCL) strain; severe chondromalacia and degenerative joint disease (DJD) with mild joint effusion. An MRI of the left shoulder dated August 16, 2010 revealed impingement syndrome and partial rotator cuff tear. [REDACTED] recently requested authorization for X-force unit; Urine drug testing; Left knee arthroscopy partial medial and lateral meniscectomies; continuous passive motion (CPM) for thirty (30) days; Surgi Stim multi-modality stimulator and cold therapy with a utilization review decision to non-certify based on a request for additional information: physical therapy two (2) times a week for four (4) weeks. Subsequent utilization review determination to non-certify physical therapy; eight sessions was issued on November 04, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT KNEE ARTHROSCOPY PARTIAL MEDIAL AND PARTIAL LATERAL MENISCECTOMIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-345. Decision based on Non-MTUS Citation Guidelines, Indications for Surgery, Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: There is documentation of left knee MRI dated January 27, 2009 that showed tears of the lateral and medial meniscus. According to the ACOEM guidelines, arthroscopic partial meniscectomy usually has a high success rate for cases which there is clear evidence of a meniscus tear. Medical necessity for the requested service has been established. Therefore, the requested service is medically necessary.

COLD THERAPY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Knee & Leg (Acute and Chronic), Continuous-flow cryotherapy.

Decision rationale: The California MTUS guidelines do not have appropriateness of this request. According to the Official Disability Guidelines (ODG), cold therapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic usage. Since the patient has evidence of meniscus tears by MRI and left knee surgery is allowed, postoperative cold therapy of 7 days for left knee is medically appropriate. Medical necessity for the requested item has been established. The requested item is medically necessary.

URINE DRUG TESTING: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter - Pain (chronic), Urine Drug Testing.

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

Decision rationale: According to the California MTUS and Official Disability Guidelines, urine drug tests are recommended to monitor compliance with prescribed substances and use of illegal drugs and to uncover diversion of prescribed medications. This patient is taking several

medications including opioids and anxiety medications. Medical necessity for the requested item has been established. Therefore, the requested item is medically necessary.