

Case Number:	CM13-0046975		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2012
Decision Date:	05/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Pennsylvania. 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 57-year-old gentleman injured in a work related accident on 12/06/12. The PR2 report dated 11/04/13 noted continued complaints of pain in the medial aspect of the knee getting progressively worse and limiting activities. Physical examination showed an antalgic gait with restricted range of motion at endpoints from 0 to 110 degrees, medial joint line tenderness to palpation, and mild patellofemoral crepitation. Radiographs reviewed on that date were documented to show moderate degenerative changes to the medial aspect of the left knee. The report of an MRI scan on 09/10/13 showed evidence of joint effusion, medial meniscal tearing and advanced medial compartment chondromalacia. The documentation indicated that the claimant has failed conservative measures and the recommendation was made for right knee arthroscopy with chondroplasty and meniscal surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY, CHONDROPLASTY, MENISCAL SURGERY: Upheld

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

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

Decision rationale: The California ACOEM Guidelines do not support the proposed surgery for right knee arthroscopy, chondroplasty, and meniscal surgery. The records provided for review identify moderate degenerative arthrosis of the knee which is a contraindication to surgical treatment with meniscal pathology. ACOEM Guidelines clearly indicate that advanced degenerative changes yield less than satisfactory postoperative outcomes. The need for operative intervention based on the claimant's significant underlying degenerative medial compartment changes would not be supported.

POST-OP PHYSICAL THERAPY (x12): 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: The proposed right knee arthroscopy, chondroplasty, and meniscal surgery is not recommended as medically necessary. Therefore, the request for 12 sessions of postoperative physical therapy is not necessary.

COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: KNEE PROCEDURE - CONTINUOUS-FLOW CRYOTHERAPY.

Decision rationale: The request for right knee arthroscopy, chondroplasty, and meniscal surgery cannot be recommended as medically necessary. Therefore, the request for a cryotherapy device is not necessary.