

Case Number:	CM13-0047608		
Date Assigned:	04/04/2014	Date of Injury:	09/18/2004
Decision Date:	08/12/2014	UR Denial Date:	10/23/2013
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 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 injured worker is a 52-year-old male who reported injury on 09/18/2004. The mechanism of injury was not provided. Prior treatments for the right knee included physical therapy and steroid or Euflexxa injections. The injured worker was additionally noted to have a right ACL reconstruction, meniscectomy, and synovectomy. The surgical procedure took place on 04/17/2013. The documentation of 10/16/2013 revealed the injured worker was in the office to discuss a possible total knee replacement on the right. The injured worker indicated that there was no relief with physical therapy, prior surgery, or Euflexxa injection. Physical examination was handwritten and illegible. The diagnosis included status post right ACL reconstruction, meniscectomy, and synovectomy on 04/17/2013. The request was made for an MRI, preoperative evaluation, a cold unit, home health care, physical therapy, a chest x-ray, EKG, CBC, BMP, PT, PTT, and the request of the request was illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee partial meniscectomy: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Additionally, they indicate that arthroscopic partial meniscectomy has a high success rate in cases where there is clear evidence of a meniscus tear, including symptoms other than simply pain, which are locking, popping, giving way, and recurrent effusion, and clear signs of a bucket handle tear on examination, including tenderness over the suspected tear but not over the entire joint line and perhaps lack of full flexion. There should be consistent findings on MRI. The clinical documentation submitted for review failed to provide legible documentation of the injured worker's physical examination. There was no MRI provided for review. Given the above, the request for right knee partial meniscectomy is not medically necessary.

Preoperative medical clearance: 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.

Two (2) inpatient days: 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.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is appropriate postsurgically if needed to assess knee cartilage repair tissue. The clinical documentation submitted for review failed to provide documented rationale for the request for the MRI. Given the above, the request for MRI of the right knee is not medically necessary.

Durable medical equipment request for cold therapy unit and walker: 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.

Home health for 14 days: 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.

Postoperative physical therapy 2 times per week for 6 weeks: 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.

Unicompartmental knee arthroplasty of the right knee: Upheld

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) Knee & Leg Chapter, Knee Joint Replacement.

Decision rationale: The Official Disability Guidelines indicate that a unicompartmental knee replacement is recommended if the injured worker has osteoarthritis restricted to a single compartment. There should be documentation of exercise therapy and medications, as well as limited range of motion less than 90 degrees, nighttime joint pain, and no pain relief with conservative care, as well as documentation of current functional limitations demonstrating necessity for intervention, plus the injured worker should be over 50 years of age and have a

body mass index of less than 35. There should be documentation of osteoarthritis on standing x-rays. The clinical documentation submitted for review failed to provide legible documentation of limited range of motion and nighttime joint pain. There was a lack of documentation indicating the injured worker's body mass index and indicating the injured worker had osteoarthritis on standing x-rays. Given the above, the request for unicompartmental knee arthroplasty of the right knee is not medically necessary.