MAXIMUS Federal Services

Case Number:	CM13-0052590		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2012
Decision Date:	03/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 43-year-old male who reported an injury on 06/13/2012. The mechanism of injury was a twisting injury. The patient was diagnosed with left knee sprain/strain, left knee pain, and other and unspecified derangement of medial meniscus. An MRI dated 09/05/2012 stated the patient had a large, degenerative-appearing horizontal tear involving the tibial half of the medial meniscus body and posterior horn. The patient has been treated with physical therapy, injections, and medication. The patient had decreased range of motion with the left knee, an antalgic gait, and tenderness to palpation at the medial aspect of the left knee. The patient was recommended a refill of LidoPro ointment, continuation of physical therapy, a knee brace, and a follow-up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website:
http://www.aaos.org/about/papers/position/1120.asp

Decision rationale: According to the American College of Surgeons, the first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The patient complained of pain to the knee. However, the documentation indicates that the patient did not want to proceed with surgery at this time. Given the lack of documentation to support guideline criteria, the request is non-certified. .

Crutches: 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) Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers)

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, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The Official Disability Guidelines recommend walking aides for disability, pain, and age-related impairment. The patient complained of pain to the left knee. However, the documentation does not indicate that the patient is impaired in any way. The patient had full range of motion with the knee. Given the lack of documentation to support guideline criteria, the request is non-certified.