

Case Number:	CM13-0056306		
Date Assigned:	12/30/2013	Date of Injury:	11/27/2011
Decision Date:	07/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/22/2013

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 60-year-old male who reported an injury on 11/27/2011 due to a fall which reportedly caused injury to his low back and left knee. The injured worker ultimately developed a compensatory injury of the right knee. The injured worker's treatment history included surgical intervention of the left knee on 10/25/2012. The patient underwent an MRI arthrogram on 03/25/2013 that documented there was a grade II to IV patellofemoral chondromalacia, evidence of medial meniscus derangement. The patient was evaluated on 10/04/2013. It was documented that the patient had left sided knee complaints rated at an 8/10 reduced to 4/10 to 6/10 with medications. It was noted that the injured worker had participated in physical therapy that did not provide significant relief. Physical findings included limited range of motion of the left knee described as 130 degrees in flexion and 0 degrees in extension with tenderness over the medial and lateral joint lines and a positive McMurray's test. The injured worker's diagnoses included chronic lumbar strain due to gait derangement, multilevel disc bulging, status post right knee arthroscopy, status post left knee arthroscopy, and bilateral knee residual pain with altered gait. A request was made for a revision arthroscopy and partial medial meniscectomy, debridement, and synovectomy and post-op physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE REVISION ARTHROSCOPY FOR PARTIAL MENLSECTOMY, DEBRIDEMENT, AND SYNOVACTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Knee, Meniscectomy.

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

Decision rationale: The requested left knee revision arthroscopy for partial meniscectomy, debridement, and synovectomy is not medically necessary or appropriate. The clinical documentation submitted for review does support that the patient has persistent mechanical symptoms that have failed to respond to nonoperative conservative treatments to include physical therapy and medications. The American College of Occupational and Environmental Medicine recommends surgical intervention for meniscus tears when there are persistent symptoms that have failed to respond to conservative treatment and are supported by an imaging study. The clinical documentation does indicate that the patient underwent an MR arthrogram. However, an independent report was not submitted for review. Therefore, the appropriateness of the request cannot be determined. As such, the requested left knee revision arthroscopy for partial meniscectomy, debridement and synovectomy is not medically necessary or appropriate.

POST-OPERATIVE PHYSICAL THERAPY TWO TIMES SIX: 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.

30 DAY TRIAL OF TENS UNIT FOR THE LUMBAR SPINE: 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.

BIOTHERM TOPICAL CREAM: 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.

DEEP VEIN THROMBOSIS COMPRESSION WRAPS: 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.