

Case Number:	CM13-0057262		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2013
Decision Date:	04/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 claimant is a 48-year-old gentleman who injured his right knee in a work related accident on August 12, 2013. The clinical records provided for review did not contain any formal imaging reports. The October 11, 2013 progress report by the provider documented ongoing complaints of right knee pain and noted that the knee pain was more on the medial aspect of the knee. Physical examination findings showed full and unrestricted range of motion of the knee with a varus alignment, no evidence of instability and no medial joint line tenderness. The provider documented that radiographs of the claimant's right knee showed no acute findings and he diagnosed the claimant with a medial and lateral meniscal tear. The recommendation for a partial medial and lateral meniscectomy was made. Further treatment from a conservative point of view is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY WITH PARTIAL MEDIAL AND PARTIAL LATERAL MENISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on California ACOEM Guidelines, the surgical recommendation for right knee arthroscopy and partial medial and lateral meniscectomy would not be indicated. The ACOEM Guidelines clearly indicate that examination must correlate with clinical imaging including MRI scans to show clear evidence of meniscal pathology. The records in this case indicate plain film radiographs, but do not identify any imaging findings in regards to the claimant's MRI. For that reason, the above mentioned request would not be supported as medically necessary.

PRE-OPERATIVE LABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: e-medicine.com. Shaw, P. S., Shawl, J. A.. Perioperative Management of the female patient. Preoperative indications for laboratory tests last updated: December 1, 2004

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back procedure: Preoperative lab testing

Decision rationale: The surgical request for right knee arthroscopy and partial medial and lateral meniscectomy would not be indicated. Therefore, the request for preoperative laboratory testing is not indicated.

PRE-OPERATIVE PHYSICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Pre-operative Evaluation. Bloomington (MN). Institute for Clinical Systems Improvement (ICSI); 2010 June 40, p. 26

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127

Decision rationale: The surgical recommendation for right knee arthroscopy and partial medial and lateral meniscectomy would not be indicated. Therefore, the request for preoperative physical would not be indicated.

POST-OPERATIVE VASCUTHERM RENTAL FOR 7 DAYS FOR THE RIGTH KNEE:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm/wrist/hand procedure - Vasopneumatic devices

Decision rationale: The surgical recommendation for right knee arthroscopy and partial medial and lateral meniscectomy would not be indicated. Therefore, the request for VascuTherm rental for seven days would not be indicated.

POST-OPERATIVE PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The surgical recommendation for right knee arthroscopy and partial medial and lateral meniscectomy would not be indicated. Therefore the request for eight sessions of physical therapy for the right knee would not be indicated.