

Case Number:	CM13-0065884		
Date Assigned:	01/03/2014	Date of Injury:	12/15/2009
Decision Date:	03/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/13/2013

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 Spine Surgery and is licensed to practice in New York. 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 sustained a work related injury on December 15, 2009. The mechanism of injury was a motor vehicle accident. Diagnoses include lumbar sprain, knee contusion, and large lateral femoral condyle lesion of the left knee. Patient had surgical intervention on September 11, 2012 with left knee arthroscopy and partial meniscectomy along with chondroplasty of the femoral condyle and femoral trochlea. MRI in October 2013 demonstrates articular cartilage irregularity and osteophyte formation along the midline trochlea. The patient continues to complain of right knee pain and swelling. She also reports clicking and grinding sensation. There is documented tenderness over the area of her retained hardware from her surgery in 2012. She complains of stiffness and cracking of the knee. Physical examination the right knee revealed no atrophy or deformity and a 0+ knee effusion. Alignment was within normal limits. There was bilateral tibial tuberosity tenderness. Medial joint line was nontender and lateral joint was nontender. Patellar tendon and iliotibial band were nontender. Knee range of motion include flexion to 100 and extension to 5. Lachman test was negative posterior sag was negative. McMurray test was negative. Quad strength was normal. Patient underwent anterior cruciate ligament reconstruction in March 2012. She had inadequate rehabilitation following that surgery and continues to have pain and swelling of the right knee. MRI revealed cartilage irregularities in the sites of her ACL surgery. At issue is whether physical therapy after additional right knee arthroscopy is now needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mitchell S. King, MD, "Preoperative Evaluation" Am Fam Physician, 2000 July 15; 62(2): 387-396

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation KIng. Preoperative Evaluation. Am Fam Physician. July 15;62(2) 387-396

Decision rationale: History and physical examination focusing on risk factors for cardiac and pulmonary infectious disease complications and a determination the patient's functional capacity are essential to any preoperative evaluation. Routine laboratory studies however are rarely helpful except in patients with known disease states. Patients with good functional status do not require preoperative cardiac stress testing and most cases. Identification many comorbidities condition there any other issues provided general anesthesia would be appropriate prior to surgery, but is usually already documented by the provider. Established literature referenced above does recommend CBC, comprehensive metabolic profile, and EKG prior to proceeding with surgical intervention in patients over 35 years of age. These tests are considered standard of care and appropriate for patients over 35 years of age undergoing knee surgery.

Post-Op Physical Therapy 6 visits to right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Established guidelines indicate that postoperative physical therapy is appropriate following this type of knee surgical procedure. The request for initial postoperative therapy 6 sessions is appropriate according to MTUS post surgical guidelines for knee surgery. MTUS guidelines do recommend post surgical physical therapy visits after surgery for chondromalacia, bucket-handle meniscus tears, and osteochondral defects. Guidelines recommend 12 visits over 12 weeks. Therefore, 6 visits over 6 weeks is appropriate.