MAXIMUS Federal Services

Case Number:	CM13-0071540		
Date Assigned:	01/08/2014	Date of Injury:	10/02/2012
Decision Date:	06/12/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/27/2013

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 patient is a 52 year old female who was injured on 10/02/2012. She sustained injuries to her shoulders, knees, and wrists. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI performed 07/17/2013 revealed right medial and lateral meniscal tears, chondromalacia, left medial meniscus tear and synovitis. MRI of the left knee performed 07/17/2013 revealed there is high-grade chondromalacia of the medial compartment. There is psuedoextrusion of the medial meniscus. There is moderate tricompartmental osteoarthritis. There is a horizontal oblique tear of the posterior horn and body of the medial meniscus. There is a joint effusion; Baker cyst; chondromalacia of the patella. There is a possibility of a remote partial-thickness tear of the anterior cruciate ligament. The patient had a polysomnography/sleep staging study on 09/25/2013. Clinic note dated 11/15/2013 documented the patient to have complaints of pain rated as 8/10. Objective findings on exam revealed knee range of motion: Flexion on the right is 120 degrees. She has positive patellar tendon tenderness bilaterally. She has positive lateral joint line tenderness on the right; positive effusion, right; positive patellar crepitus bilaterally; positive lateral McMurray's sign on the right; positive medial McMurray's sign bilaterally; +2 patellar reflexes bilaterally; 2+ Achilles reflexes bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE PARTIAL MEDIAL AND LATERAL MENISCECTOMY AND PARTIAL DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy.

Decision rationale: According to the guidelines surgical intervention is not recommended for older patients with degenerative changes until after a trial of conservative care including PT and exercise. Although it is noted that the patient is reported to positive findings on examination and MRI imaging, consistent with meniscal tears, the medical records do not detail the conservative or non-invasive measure tried to date, which should include PT/exercise, activity modification, and medication. It is relevant that meniscectomy is a procedure that is associated with high risk of knee osteoarthritis. Without documentation to establish exhaustion of conservative care for her right knee complaint, the medical necessity of the procedure has not been established.

PRE-OPERATIVE 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.

POST-OPERATIVE PHYSICAL THERAPY: 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.

RENTAL OF A CONTINUOUS PASSIVE MOTION DEVICE: 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.

RENTAL OF A SURGISTIM UNIT: 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.

PURCHASE OF COOLCARE COLD THERAPY UNIT: 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.