

Case Number:	CM13-0071607		
Date Assigned:	04/04/2014	Date of Injury:	02/09/2012
Decision Date:	05/27/2014	UR Denial Date:	12/03/2013
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 claimant is a 45-year-old who was injured on February 9, 2012. The clinical records specific to the right knee include documentation of a prior right knee arthroscopy performed September 23, 2013 indicating the claimant underwent knee arthroscopy with partial lateral meniscectomy, synovectomy, lateral retinacular release and a popliteus tendon repair. During that time the claimant was noted to be medial meniscus deficient. Postoperatively he was noted to be a candidate for a meniscal transplant surgery given his ongoing pain complaints. Physical examination performed on November 19, 2013 indicated improvement from prior surgery with examination showing 0 to 120 degrees range of motion, mild quadriceps atrophy and mild medial joint line tenderness. Surgical intervention in the form of meniscal transplantation was recommended at that time for further treatment. Preoperative MRI scan of April 30, 2012 demonstrated the claimant was with medial compartment degenerative findings and evidence of degenerative tearing with previous partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPIC SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery -- Meniscal allograft transplantation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Meniscal Allograft Transplantation.

Decision rationale: California MTUS Guidelines are silent regarding the role of meniscal transplantation. When looking at Official Disability Guideline criteria, surgical process in this individual would not be supported. Guidelines indicate that objective findings to satisfy the need for surgical process would include a stable knee with intact ligaments, normal alignment and normal joint space. The records in this case indicate underlying degenerative arthrosis of a moderate degree to the medial femoral compartment with evidence of a prior recent popliteal tendon repair. Given the claimant's significant underlying degenerative arthrosis, lack of normal knee space and varus alignment, the acute need of meniscal transplantation would not be indicated in this individual.

PREOPERATIVE CLEARANCE: LABS (CBC, CMP, PT, PTT, UA), CHEST X-RAYS, EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment In Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure.

Decision rationale: MTUS Guidelines are silent. Official Disability Guideline criteria would not recommend the role of preoperative testing as the need for operative intervention has not been established.

POST OPERATIVE DME: PURCHASE OF POSTOPERATIVE HINGED KNEE BRACE, PURCHASE OR RENTAL X 14 DAYS OF COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Knee Procedure - Continuous-Flow Cryotherapy.

Decision rationale: MTUS Guidelines are silent. Official Disability Guideline criteria would not recommend the role of a postoperative DME device in question as the need for operative intervention has not been established.

**POSTOPERATIVE PHYSICAL THERAPY EVALUATION AND TREATMENT 3 X 4
FOR THE RIGHT KNEE: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation CA MTUS 2009 Post surgical rehabilitation: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella.

Decision rationale: California MTUS Guidelines would not indicate the need for physical therapy in this instance as the need for operative intervention has not been established.