

Case Number:	CM14-0002087		
Date Assigned:	04/09/2014	Date of Injury:	08/05/2009
Decision Date:	05/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 56-year-old female who was injured in a work related accident on August 5, 2009. A clinical progress report from October 8, 2013 indicated that the claimant was with continued complaints of both low back and right knee pain. The right knee was noted to be clicking. It states that conservative care has included physical therapy, medication management, and activity restrictions, as well as a knee wrap. Physical examination findings showed restrictive range of motion limited to 90 degrees of flexion, a +1 effusion, medial joint line tenderness, and positive McMurray's testing. An MRI scan was performed on November 26, 2013 that showed advanced medial compartment degenerative change with a tear to the body of the medial meniscus. Previous radiographs of the knee also demonstrated advanced medial compartmental degenerative arthrosis.

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 MENISECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Guideline criteria clearly indicate that arthroscopy and meniscal surgery may not be beneficial for patients exhibiting signs of advanced degenerative change. This individual is with continued medial compartment pain and significant degenerative findings on both radiological and MRI assessment. The acute need of meniscectomy given the claimant's significant underlying arthrosis would not be indicated. As such, the request is not medically necessary.

CRUTCHES FOR PURCHASE: 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.

VASCU-THERM 4 DVT (DEEP VEIN THROMBOSIS) SYSTEM WITH HOT-COLD COMPRESSION FOR A 3 WEEK RENTAL: 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.