MAXIMUS Federal Services

Case Number:	CM14-0006994		
Date Assigned:	02/07/2014	Date of Injury:	09/29/2008
Decision Date:	07/07/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 Texas. 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 injured worker is an 82 year old female who reported an injury to her left knee. The previous utilization review dated 01/09/14 indicated the requested surgery to include a meniscectomy is appropriate given the injured worker's ongoing symptomology with the previous attempts at conservative treatments. However, there is an indication the injured worker has a significant cardiac history that would preclude a surgical intervention. It appears that no surgical clearance was provided in order for the injured worker to safely undergo the proposed surgery. The agreed medical examination dated 06/18/13 indicates the injured worker reported repetitive motions resulting in the left knee pain. There is an indication that the injured worker underwent Celestone injections in 2012. The injured worker was also utilizing a walker secondary to the bilateral knee pain. The injured worker has undergone a full course of conservative therapy to include physical therapy as well as acupuncture in 2013. However, there is an indication the injured worker was unable to go forward with any operation for her knees secondary to a cardiac condition. The injured worker described constant discomfort with prolonged weight bearing. The injured worker described difficulty with climbing, walking on uneven ground, squatting, kneeling, and crouching. The injured work stands 5 feet 7 inches tall and currently weighs 318 lbs. The injured worker was able to demonstrate 0 to 120 degrees of range of motion at the left knee. The injured worker had a positive Apley's sign bilaterally. Tenderness was identified along the patellar facets and over the medial joint line.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY ARTHROSCOPY, PARTIAL MEDIAL MINISCUS REPAIR, LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The request for an arthroscopic surgery to include a partial medial meniscectomy repair at the left knee is not medically necessary. The documentation indicates the patient complaining of left knee pain with associated range of motion deficits. The MRI of the left knee revealed a medial meniscus tear. Additionally, the injured worker has undergone previous conservative therapy. Given the ongoing functional deficits and taking into account the MRI findings, the requested surgery may be appropriate. However, there are significant findings indicating the injured worker has a cardiac involvement. No medical clearance was submitted in the documentation clearing the injured worker in terms of the cardiac complaints. Therefore, without supporting documentation regarding the injured worker's cardiac complaints, this request is not indicated as medically necessary.

PHYSICAL THERAPY POST-OP TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DURABLE MEDICAL EQUIPMENT POST-OP 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Continuous Cryo-therapy, Total Knee Arthroplasty).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.