

Case Number:	CM14-0105607		
Date Assigned:	07/30/2014	Date of Injury:	04/10/2014
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/08/2014

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 46-year-old gentleman injured in a work-related accident on April 10, 2014. The records available for review document an injury to the right knee, for which the report of an April 27, 2014, MRI showed an oblique tear of the medial meniscus with a Grade I sprain to the ACL and patella chondromalacia. The notes from a May 5, 2014, follow-up assessment report continued complaints of knee pain. Treatment included medication management, work restrictions and activity modifications. Physical examination showed a +1 effusion, medial joint line tenderness, positive medial McMurray's testing, 0 to 125 degrees range of motion and pain at endpoints. Based on failed conservative care, this request is for: knee arthroscopy, partial medial meniscectomy and debridement; preoperative medical clearance; eight sessions of post-operative physical therapy; and a seven- to 10-day rental of a cryotherapy unit for post-operative use.

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 medial meniscus resection and debridement and surgery as needed: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG, Knee Chapter.

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

Decision rationale: California MTUS ACOEM Guidelines would support the role of surgical intervention in this case. According to the reviewed records, this claimant presents with medial meniscal pathology and concordant symptoms on examination. Based on failed conservative care and clear documentation of meniscal findings, the role of operative intervention would be established as medically necessary.

Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Practice Advisory for Preanesthesia Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: California MTUS ACOEM Guidelines would not support preoperative medical clearance. While the need for surgical intervention has been established, the reviewed records document no significant past medical history or co-morbid diagnoses that would support the need for medical clearance. Given that the surgery is an outpatient procedure and the absence of co-morbidities, this request would not be established as medically necessary.

Post-operative physical therapy (PT), 2 x per week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would support eight sessions of post-operative physical therapy. The claimant is to undergo surgical intervention to the knee. Guidelines criteria provide for up to eight sessions of physical therapy post-operatively. This request is within guidelines criteria and, therefore, would be established as medically necessary.

A cold therapy unit for 7-10 days' rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Continuous-flow cryotherapy.

Decision rationale: California MTUS ACOEM Guidelines, as well as Official Disability Guidelines, would not support a 10-day rental of a cryotherapy device. ACOEM Guidelines recommend the use of cold applications for pain control. The Official Disability Guidelines support the use of cryotherapy following knee arthroscopy for up to seven days, including home use. This request for seven to 10 days exceeds the guideline maximum and, therefore, would not be supported as medically necessary.