MAXIMUS Federal Services

Case Number:	CM14-0017435		
Date Assigned:	04/14/2014	Date of Injury:	08/25/2007
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/11/2014

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 42-year-old female who was injured on August 25, 2007. Specific to her left knee, recent records indicate a January 8, 2014 assessment indicating both low back and bilateral lower extremity pain and specific left knee pain. Objectively there was noted to be restricted range of motion in the left knee from 20 to 90 degrees with use of a hinged locked knee brace. There was crepitation with range of motion, no effusion and strength was "difficult to assess". The claimant was diagnosed with left knee internal derangement and based on failed care, surgery was recommended in the form of left knee arthroscopy, debridement, and partial meniscectomy. Prior MRI of October 17, 2013 showed free edge fraying of the body of the medial meniscus, but no meniscal tearing, degeneration of the ACL and minimal chondral thinning. A prior qualified medical evaluation of December 17, 2013 stated the claimant would not be an appropriate surgical candidate due to her current diagnosis of complex regional pain syndrome to the left lower extremity. At present, there is a request for the surgical process as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH DEBRIDEMENT OF THE MEDIAL MENISCUS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine, page 343.

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

Decision rationale: This claimant's imaging does not give a clinical picture of meniscal tearing with physical examination also negative for acute inflammatory findings or mechanical findings consistent with meniscal pathology. Guideline criteria would not support the role of surgery for meniscal tearing without clear definitive documentation of imaging with concordant findings on examination. The specific request in this case would not be indicated.

POST-OPERATIVE PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEK FOR 4 WEEKS FOR THE LEFT KNEE: Upheld

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 not support the need of postoperative therapy as the need for operative intervention has not been established.

COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation KNEE & LEG CHAPTER.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

Decision rationale: California ACOEM Guidelines do not support a cryotherapy unit as the need for operative intervention has not been established.

CRUTCHES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: MTUS Guidelines are silent. Official Disability Guideline criteria would not support crutches as the need for operative intervention has not been established.