MAXIMUS Federal Services

Case Number:	CM14-0115248		
Date Assigned:	08/04/2014	Date of Injury:	04/24/2013
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 a 59-year-old male who reported an injury on 04/24/2013. The diagnosis was sprain of the knee/leg unspecified. The injured worker had an MRI of the right knee without contrast on 10/16/2013 which revealed a 5.5 cm thick walled fluid collection anterior to the patella within the prepatellar subcutaneous soft tissues. These findings are consistent with prepatellar bursitis versus a Morel Lavallee lesion. There was a complex multi-directional tear involving the posterior horn and body of the medial meniscus. There was grade 4 chondromalacia of the lateral patellofemoral joint compartment. There was a tiny popliteal cyst and a small joint effusion. The documentation of 02/18/2014 revealed the mechanism of injury was the injured worker was kneeling on the floor placing tile and when he got up; he hit his right knee with the toilet seat. The injured worker indicated the pain was constant and causing him difficulties with ambulation and sleep. The physical examination revealed the injured worker had thickening of the prepatellar bursa without any evidence of fluid. There was good range of motion and stability. There was tenderness along the medial joint line and a positive McMurray's test. The diagnoses included prepatellar bursitis, right knee; internal derangement right knee; and osteoarthritis, right knee. The treatment plan included a diagnostic arthroscopy with a probably partial medial meniscectomy and patellar debridement. The documentation indicated the injured worker had conservative care to avoid surgery, but the injured worker continued to be symptomatic, in spite of rest, medications, physical therapy, and an intra-articular injection. There is a request for diagnostic arthroscopy with a probable partial medial meniscectomy and patellar debridement surgery, and for 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy 2 x 6 (12) Right Knee: 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.

Diagnostic arthroscopy with a probable partial medial meniscectomy and patellar debridement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Diagnostic Arthroscopy.

Decision rationale: The ACOEM Guidelines indicate that surgical intervention may be appropriate for injured workers who have activity limitations for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. There should be documentation that the injured worker has symptoms other than pain, including locking, popping, giving way, and recurrent effusion, clear signs of a bucket handle tear on examination, and consistent findings on MRI. The Official Disability Guidelines indicate diagnostic arthroscopy is appropriate when there is documentation of a failure of conservative care including medications or physical therapy and there are pain and functional limitations continued despite conservative care and the imaging is inconclusive. The clinical documentation submitted for review indicated the injured worker had positive findings on MRI and the imaging was conclusive and as such, a diagnostic arthroscopy would not be supported. The request as submitted was for a diagnostic arthroscopy with a probable partial medial meniscectomy and patellar debridement. The request as submitted failed to indicate the specific procedure being requested. Therefore, the request for a diagnostic arthroscopy with a probable medial meniscectomy and patellar debridement is not medically necessary and appropriate.

Thermacooler system 2 weeks 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.

Pre-operative Clearance: 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.