MAXIMUS Federal Services

Case Number:	CM14-0120650		
Date Assigned:	08/08/2014	Date of Injury:	10/30/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This is a 40-year-old female who sustained a vocational injury on 10/30/12. The claimant's current working diagnosis includes unspecific internal derangement of the knee, contusion of the knee, an abrasion or friction burn of the hip, thigh, leg and ankle. The most recent office note available for review from 07/08/14 notes that the claimant had increasing right knee pain with locking, catching and giving way symptoms. She developed some back pain on a compensatory basis. On exam, she had tenderness to palpation of the right SI joint. The right knee revealed range of motion 0 to 130 degrees with pain with medial McMurray's tests. She had an antalgic gait favoring the right leg. An MRI from 02/04/14 noted a subtle longitudinal, horizontal tear of the posterior horn of the meniscus with no evidence of ligamentous tear and intact 7 mm Baker's cyst. An office note from 04/01/14 noted that the claimant had previously underwent meniscal surgery and denied feeling any significant relief. The claimant underwent a second opinion on 04/15/14 at which time it was noted that additional surgery would not help the claimant's knee complaints and that she should work on strengthening and a home exercise program to improve her function. It was also recommended that the claimant remove her brace, which she was noted to be wearing on a daily basis due to the fact that it was thought to be hindering her recovery. The current request is for a right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter Diagnostic Arthroscopy.

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

Decision rationale: California MTUS ACOEM Guidelines have been referenced. Documentation presented for review fails to establish the claimant's date, intraoperative findings, intraoperative procedure, and postoperative course from her first and previous right knee surgery. An MRI from February of 2014 was not clear if this diagnostic study was performed prior to her index surgery or following her previous right knee surgery, which would be imperative to know prior to considering medical necessity. In addition, a second opinion in April of 2014 noted that the claimant would benefit from no further surgery for the right knee and recommended that she remove her brace on a daily basis in an effort to strengthen her knee and progress her postoperative recovery. Documentation fails to establish that the claimant has had a recent course of antiinflammatories, formal physical therapy, or is pursuing a home exercise program which are all recommended first-line conservative treatment options prior to recommending considering surgical intervention, especially in the second setting. Furthermore, based on the documentation presented for review and in accordance with California MTUS ACOEM Guidelines, the request for the right knee arthroscopy cannot be considered medically necessary.

Post Op Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: Based on the documentation presented for review, and in accordance with California MTUS ACOEM Guidelines, the request for surgical intervention cannot be considered medically necessary and subsequently the request for a post-operative knee brace cannot be considered medically necessary.

Post op Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the documentation presented for review, and in accordance with California MTUS ACOEM Guidelines, the request for surgical intervention cannot be considered

medically necessary and subsequently the request for a post-operative cold therapy unit cannot be considered medically necessary.

Post Op Physical Therapy 2x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the documentation presented for review, and in accordance with California MTUS ACOEM Guidelines, the request for surgical intervention cannot be considered medically necessary and the request for post-operative physical therapy cannot be considered medically necessary.

Pre op Medical Clearance including Chest X-Ray, Lab and EKG: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), consultACOEM Chapter 7, page 127.

Decision rationale: In regards to the request for a postop knee brace, postop cold therapy unit, and postop physical therapy, and preop medical clearance including chest x-ray, lab and EKG, based on the documentation presented for review, and in accordance with California MTUS ACOEM Guidelines, the request for surgical intervention cannot be considered medically necessary and subsequently the additional requests of preoperative and postoperative clearances and durable medical equipment along with therapy cannot be considered medically necessary.