

Case Number:	CM14-0026743		
Date Assigned:	06/13/2014	Date of Injury:	03/12/2009
Decision Date:	07/31/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 Surgeon, 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 67-year-old male who reported an injury on 03/12/2009 due to an unknown mechanism of injury. The injured worker complained of persistent pain and discomfort in his left knee. On 02/10/2014, the physical examination revealed a positive McMurray's sign with medial and lateral joint line tenderness. He has mild atrophy of musculature in the knee. The MRI of the left knee reveals popliteal and intra-articular loose body with medial chondromalacia and medial meniscal tear with a flap component and joint effusion. The injured worker had diagnoses of left knee chondral degeneration, loose bodies, and medial meniscus tear. There was no indication of any past treatment methods. A list of current medications for the injured worker was not submitted for review. The current treatment plan is for an assistant surgeon, and postoperative physical therapy, 12 sessions. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation College of Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Surgical assistant.

Decision rationale: The request for assistant surgeon is not medically necessary. The injured worker has a history of bilateral knee pain. The Official Disability Guidelines state that an assistant surgeon is recommended as an option in more complex surgeries. Only one assistant surgeon for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. The request does not specify the type of surgery being performed, nor its complexities. Due to not enough documentation, the request for assistant surgeon is not medically necessary.

Post-Operative Physical Therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for postoperative physical therapy 12 sessions is not medically necessary. The injured worker has a history of bilateral knee pain. The California MTUS guidelines state that controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Arthritis (Arthropathy, unspecified) postsurgical treatment, arthroplasty, and knee: 24 visits over 10 weeks. The 12 therapy sessions are within the recommended number of visits per guidelines however, the request did not include the frequency and duration of the sessions. Given the above, the request for postoperative physical therapy 12 sessions is not medically necessary.