

Case Number:	CM14-0039556		
Date Assigned:	06/30/2014	Date of Injury:	10/10/2007
Decision Date:	09/26/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 Orthopaedic 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 55-year-old female sustained an industrial injury on 2/10/11. The mechanism of injury was not documented. Records documented a lumbar disc injury at L3/4 and L4/5 with radiculitis and right shoulder impingement syndrome. The 8/24/11 MRI impression documented a tear of the posterior horn of the medial meniscus. There was chondromalacia patella with evidence of patellofemoral joint degenerative osteoarthritis. There were subchondral changes with edema in the posterior mid-tibial plateau. The 2/20/14 treating physician report cited severe right knee pain with squatting, kneeling, and weight bearing activities. She also reported recurrent swelling. A physical exam documented range of motion 0-120 degrees with medial joint line tenderness and positive McMurray and Slocum tests. The patient had failed extensive conservative treatment. A request for right knee arthroscopy with partial medial meniscectomy was submitted and approved in utilization review. The 3/19/14 utilization review modified a request for post-op physical therapy from 18 to 8 visits, and modified a request for cold therapy device to a 7-day rental, both consistent with guidelines. The request for a pre-operative medical clearance was modified to a history and physical as there was no documentation of medical issues warranting medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

pre op medical clearance for right knee surgery: Overturned

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 Practice Advisory for Pre-Anesthesia Evaluation: An Updated Report by the American Society of Anesthesiologists Task Force on Pre-Anesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. The guideline criteria have been met. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.

post op physical therapy 3 times weekly for 6 weeks: 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 California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 3/19/14 utilization review recommended partial certification of 8 initial post-op physical therapy visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.

post op cold therapy device - right knee: 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 & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Continuous flow Cryotherapy.

Decision rationale: The California MTUS is silent regarding cold therapy units. The Official Disability Guidelines state that continuous-flow cryotherapy is an option for up to 7 days in the post-operative setting following knee surgery. The 3/19/14 utilization review decision recommended partial certification of a post-op cold therapy device for 7-day rental. There is no

compelling reason in the medical records to support the medical necessity beyond the 7-day rental already certified. Therefore, this request is not medically necessary.