

Case Number:	CM14-0050302		
Date Assigned:	06/25/2014	Date of Injury:	05/11/2011
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/25/2014

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 Patient Accounting Representative sustained an industrial injury on May 11, 2011, when she fell out of her chair. Surgical history included left knee arthroscopy with partial medial meniscectomy, loose body removal and femoral trochlear chondroplasty on September 16, 2011, a total knee arthroplasty on February 21, 2012, and manipulation under anesthesia on April 12, 2012. The March 5, 2014 treating physician progress report cited continued moderate aching and burning left knee pain. Left knee physical exam findings documented 0-120 degrees of motion, tenderness over the plica, peripatellar area, and ++ clunk and crepitation with extension. X-rays showed a well-placed total knee arthroplasty. Prior adverse reaction to knee injection required hospitalization. The patient had completed physical therapy, deep tissue release with no relief. She wears a hinged knee brace and performs home exercises. Range of motion had improved but was worsening with pain. Topical medications have not been helpful. The treatment plan recommended left knee diagnostic arthroscopy with scar tissue resection. The March 18, 2014 utilization review denied the requests for post-operative crutches, cold therapy unit, continuous passive motion, and physical therapy as the associated surgical procedure was not medically necessary. The medical necessity for a diagnostic arthroscopy was not established as there was no evidence that the patient had failed a recent course of physical therapy or had significant functional deficits in regard to range of motion. There was no updated imaging noting abnormalities or an inconclusive diagnosis. There was no additional indication that the patient has met guideline criteria for the proposed surgery in terms of conservative treatment or inconclusive imaging. There was no indication that the requested diagnostic arthroscopy had subsequently been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PAIR OF CRUTCHES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines -Diagnostic Arthroscopy.

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, WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS).

Decision rationale: As the medical necessity for the associated left knee diagnostic arthroscopy has not been established, this request for one pair of crutches is not medically necessary.

RENTAL OF COLD THERAPY UNIT FOR 7-DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines -Diagnostic Arthroscopy.

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: As the medical necessity for the associated left knee diagnostic arthroscopy has not been established, this request for 7 days rental of a cold therapy unit is not medically necessary.

RENTAL OF CONTINUOUS PASSIVE MOTION FOR 10-DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines -Diagnostic Arthroscopy.

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 PASSIVE MOTION (CPM).

Decision rationale: As the medical necessity for the associated left knee diagnostic arthroscopy has not been established, this request for 10 days rental of a continuous passive motion unit is not medically necessary.

12 POST OPERATIVE PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines -Diagnostic Arthroscopy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: As the medical necessity for the associated left knee diagnostic arthroscopy has not been established, this request for 12 post-operative physical therapy visits is not medically necessary.