

Case Number:	CM14-0055259		
Date Assigned:	07/07/2014	Date of Injury:	10/28/2013
Decision Date:	08/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Texas and Colorado. 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 Physician 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 50-year-old female who reported an injury on 10/28/2013. The mechanism of injury was not specifically stated. The current diagnosis is internal derangement with meniscus tear of the right knee. The injured worker was evaluated on 01/21/2014 with complaints of right knee pain. Physical examination revealed tenderness to palpation over the medial and lateral joint line with positive McMurray's testing and 5 to 106 degree range of motion. It is noted that an MRI scan of the right knee obtained on 12/27/2013 indicated a nondisplaced horizontal linear tear at the body of the lateral meniscus with mild degenerative arthritic changes in the lateral compartment. Treatment recommendations at that time included a right knee arthroscopy with partial lateral meniscectomy, debridement, and possible abrasion chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy times twenty-four (24) sessions: 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 Page(s): 10 and 25.

Decision rationale: California MTUS Guidelines indicate that the initial course of therapy means one half the number of visits specified in the general course of therapy for the specific surgery in the post-surgical physical medicine treatment recommendations. According to the documentation submitted, the injured worker was issued authorization for a diagnostic arthroscopy with intra-articular surgery on 03/18/2014. Therefore, the request for postoperative physical therapy can be determined as medically necessary. However, California MTUS Guidelines further indicate postsurgical treatment for derangement of the meniscus includes 12 visits over 12 weeks. Therefore, the current request for 24 sessions of postoperative physical therapy exceeds guideline recommendations. There was also no specific body part listed in the current request. As such, the request is not medically necessary.

Post operative Durable Medical Equipment (DME) A-stim times sixty (60) days rental:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Microcurrent electrical stimulation (MENS devices). Decision based on Non-MTUS Citation <http://www.alpha-stim.com/as100.html?loc=products-left>; Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines indicate transcutaneous electrotherapy is recommended as a treatment option for acute postoperative pain in the first 30 days post surgery. Rental would be preferred over purchase during this 30 day period. According to the documentation submitted for this review, the injured worker was issued authorization for diagnostic arthroscopy with intra-articular surgery. However, the current request for a 60 day rental of an A-stim unit exceeds guideline recommendations. Therefore, the request is not medically appropriate.

Post operative Durable Medical Equipment (DME) hot/cold contrast unit with DVT for sixty (60) days rental: 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 (Updated 02/15/2012).

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

Decision rationale: The Official Disability Guidelines indicate that continuous flow cryotherapy is recommended for up to 7 days, including home use following surgery. According to the documentation submitted for this review, the injured worker has been issued authorization for a diagnostic arthroscopy with intra-articular surgery. However, the current request for a 60 day rental exceeds guideline recommendations. As such, the request is not medically necessary.