

Case Number:	CM14-0065796		
Date Assigned:	07/11/2014	Date of Injury:	09/15/2008
Decision Date:	08/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 Pennsylvania. 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 57-year-old claimant who sustained a vocational injury on 9/15/08. Unfortunately, there are no office notes available for review. The records provided for review consist of a prior Utilization Review determination performed on 4/2/14. At that time, the request for diagnostic arthroscopy of the right knee and all subsequent requests were considered not medically necessary as the claimant did not appear to have a surgically correctable lesion. The Utilization Review determination documented that the claimant had knee pain and stiffness that had been going on for a long period of time with physical examination and subjective complaints out of proportion and bordering on the bizarre. The Utilization Review determination recommended consideration of an MR arthrogram to attempt to identify pathology which may be surgically correctable. The current request is for diagnostic arthroscopy of the right knee with possible manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre Operative Medical Clearance Due To High Blood Pressure: 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); ACOEM Chapter 7, page 127.

Decision rationale: The request for diagnostic arthroscopy of the right knee with possible manipulation cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance due to high blood pressure also cannot be considered medically necessary.

Post Operative Physical Therapy 3 Times A Week Times 4 Week For Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Operative Durable Medical Equipment (DME); Cold Therapy Unit: 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 Official Disability Guidelines (ODG); Knee & Leg chapter - Continuous Cold Therapy.

Decision rationale: The request for diagnostic arthroscopy of the right knee with possible manipulation cannot be recommended as medically necessary. Therefore, the request for a post-operative cold therapy unit cannot be considered medically necessary.

Diagnostic Arthroscopy Right Knee- Possible Manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Diagnostic arthroscopy.

Decision rationale: The California American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not address this surgery. Based on the Official Disability Guidelines, the request for diagnostic arthroscopy of the right knee with possible manipulation cannot be recommended as medically necessary. There are no office notes or clinical records presented for review to verify knee pathology on imaging, physical examination objective findings, or conservative treatment including a corticosteroid injection offered for the claimant's symptoms. In absence of this documentation, the request for surgical intervention cannot be considered medically necessary.