

Case Number:	CM14-0076751		
Date Assigned:	08/08/2014	Date of Injury:	07/01/2013
Decision Date:	09/15/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 64-year-old male who reported an injury on 07/01/2013. The mechanism of injury was not specifically stated. The current diagnoses include tear of the medial cartilage of the meniscus and internal derangement of bilateral knees. The injured worker was evaluated on 05/07/2014. The injured worker reported persistent right knee pain with bilateral knee swelling. Previous conservative treatment includes physical therapy. The current medication regimen includes tramadol and meloxicam. Physical examination revealed palpable tenderness at the medial joint line, edema in the bilateral anterior knee, positive McMurray testing bilaterally, and 0 to 110 degrees range of motion in the bilateral knees. It is noted that the injured worker underwent bilateral knee MRI studies in 01/2014. Treatment recommendations at that time included a referral for bilateral knee cortisone injections, continuation of physical therapy 3 times per week for 4 weeks, authorization for a right arthroscopic and debridement surgery, a knee brace, and an interferential unit. A DWC form RFA (Request of Authorization) was then submitted on 05/07/2014 for an orthopedic re-evaluation for cortisone injections, physical therapy, arthroscopic and debridement surgery, and DME (Durable Medical Device).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial to restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured worker has participated in physical therapy for the bilateral knees. However, there was no documentation of objective functional improvement. There was also no specific body part listed in the request. As such, the request of twelve (12) Physical Therapy sessions is not medically necessary and appropriate.

Right Knee Arthroscopy and Debridement Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month, and a failure of exercise programs. There is no documentation of an exhaustion of conservative treatment for the right knee. There was no imaging studies provided for this review. Based on the clinical information received, the request of Right Knee Arthroscopy and Debridement Surgery is not medically necessary and appropriate.

Bilateral Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a brace can be used for patellar instability, ACL (Anterior Cruciate Ligament) tear, or MCL (Median collateral ligament) instability. There is no documentation of instability upon physical examination. There is also no mention of an ACL tear. The medical necessity has not been established. Therefore, the request of Bilateral Knee Brace is not medically necessary and appropriate.

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled due to the diminished effectiveness of medications or side effects, a history of substance abuse or significant pain from postoperative conditions. There is no documentation of a failure to respond to conservative measures. The injured worker does not appear to meet criteria as outlined by the California MTUS Guidelines. Additionally, guidelines state if the device is to be used, a 1 month trial should be initiated. Therefore, the current request for a unit purchase is not medically appropriate. As such, the request of Interferential unit is not medically necessary and appropriate.