

Case Number:	CM14-0079623		
Date Assigned:	07/18/2014	Date of Injury:	04/25/2011
Decision Date:	10/15/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Sports Medicine 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:

The injured worker is a 39-year-old female with reported date of injury on 04/25/2011. The injury reportedly occurred when a door the injured worker used slammed against the posterior aspect of the Achilles tendon region of her right ankle. Her diagnoses were noted to include status post Achilles tendon injury, left knee strain superimposed upon degenerative joint disease in the medial compartment, status post medial meniscectomy, and lumbosacral strain. Her previous treatments were noted to include bracing, physical therapy, and Hyalgan injections. The progress note dated 05/01/2014 revealed pain to the left knee. The injured worker also complained of swelling and limping at times. The physical examination revealed decreased range of motion, tender medial joint line, and a mildly antalgic gait. The provider indicated a full fluoroscopy x-ray was performed, which showed the medial joint space was narrowed to a mild degree. The provider indicated a debridement would be beneficial, as it had been beneficial to her in the past. The request for authorization form was not submitted within the medical records. The request was for Debridement to the Left Knee, cold therapy unit, purchase or rental, physical therapy x12, and pre-op consult; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement, left 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 (ODG) - Treatment in Workers' Comp Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: The injured worker has had a previous 4 surgeries, Hyalgan injections, and physical therapy. The MTUS ACOEM guidelines state arthroscopic partial meniscectomies usually have a high success rate for cases in which there has been clear evidence of a meniscus tear, symptoms other than simply pain (locking, popping, giving way, recurrent contusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps a lack of passive flexion); and consistent findings on the MRI. However, the patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The request failed to specifically identify compartments to be debrided, and therefore, a debridement of the left knee is not appropriate. In addition, no MRI was provided. As such, Debridement, left knee is not medically necessary.

Cold Therapy Unit, purchase of rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Postsurgical Guidelines; debridement knee

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.

PT x12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines postsurgical guidelines

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.

Pre-op Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM consult

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.