MAXIMUS Federal Services

Case Number:	CM14-0083267		
Date Assigned:	07/21/2014	Date of Injury:	12/10/2013
Decision Date:	08/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 is a 50-year-old male who sustained a work-related fall on 05/16/14. The medical records provided for review document a working diagnosis of a sprain of the knee/leg with lateral meniscus degenerative fraying and joint effusion with multiple osteochondral loose bodies. The report of the office visit dated 03/25/14 noted complaints of persistent mechanical catching and locking in the left knee. Conservative treatment to date has included medications and twelve physical therapy visits, which failed to yield any significant relief. The recommendation was made for left knee arthroscopy with meniscal debridement and this is a request for use of an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th Edition; Assistant Surgeon Guidelines.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. Based on the Milliman Care Guidelines, an assistant surgeon is not recommended for use during knee arthroscopy and meniscal debridement. Therefore, the request for an assistant surgeon cannot be recommended as medically necessary.

12 Post- Operative Physical Therapy Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: In regards to the request for 12 postoperative physical therapy visits, based on the documentation presented for review and in accordance with California MTUS Post-Surgical Guidelines, the request for surgical intervention has been deemed medically reasonable following meniscectomy and/or removal of loose body. California MTUS Post-Surgical Rehabilitative Guidelines support up to 12 physical therapy sessions and subsequently the request can be considered medically reasonable.

1 Left knee arthroscopy with meniscal debridement: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Knee and Leg Chapter: Loose Body Removal Surgery (Arthroscopy).

Decision rationale: Based on the California ACOEM Guidelines and the Official Disability Guidelines the request for Left knee Arthroscopy with meniscal debridement is recommended as medically necessary. The office note available for review from 03/25/14 documents symptoms of frequent mechanical locking and buckling due to pathology within the knee. The surgery is supported by the California MTUS ACOEM Guidelines.