

Case Number:	CM14-0205686		
Date Assigned:	12/17/2014	Date of Injury:	04/15/2008
Decision Date:	02/11/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/09/2014

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:

According to the records made available for review, this is a 61-year-old male with a 4/15/08 date of injury. At the time (61) of the request for authorization for pre-op medical clearance, 12 supervised post-op rehabilitative therapy sessions, and 90 days of SurgiStim unit, there is documentation of subjective (pain level at 8/10) and objective (positive medial joint line tenderness, positive medial McMurray's sign) findings, current diagnoses (MRI scan-confirmed right medial meniscus tear with lateral patellar tilt, subluxation and chondromalacia, status post industrial fall from height, 4/15/08), and treatment to date (physical therapy, home exercise program, activity modification, and medication). Medical reports identify arthroscopic evaluation, arthroscopic partial right medial meniscectomy, chondroplasty and debridement has been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre -op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Ruled, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of MRI scan-confirmed right medial meniscus tear with lateral patellar tilt, subluxation and Chondromalacia, status post-industrial fall from height, 4/15/08. In addition, there is documentation that knee surgery has been authorized. Therefore, based on guidelines and a review of the evidence, the request for associated pre-op medical clearance is medically necessary.

12 supervised post -op rehabilitative therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 9792.24. 3. Postsurgical Treatment Guidelines; and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of MRI scan-confirmed right medial meniscus tear with lateral patellar tilt, subluxation and Chondromalacia, status post-industrial fall from height, 4/15/08. In addition, there is documentation that knee surgery has been authorized. However, the requested 12 supervised post-op rehabilitative therapy sessions exceeds guidelines (for an initial course of physical therapy). Therefore, based on guidelines and a review of the evidence, the request for 12 supervised post-op rehabilitative therapy sessions is not medically necessary.

90 days of SurgiStim 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 Interferential Current Stimulation (ICS); Neuromuscular Electrical Stimulation Page(s): 118-120;.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. Furthermore, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for 90 days of Surgistim unit is not medically necessary.