

Case Number:	CM15-0081470		
Date Assigned:	05/04/2015	Date of Injury:	09/13/2014
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 54 year old male injured worker suffered an industrial injury on 09/13/2014. The diagnoses included diabetes, hypertension, complex tear of the meniscus and osteochondral injury. The diagnostics included left knee magnetic resonance imaging. The injured worker had been treated with medications and physical therapy. On 4/22/2015 the treating provider reported the left knee effusion and swelling noted with observable limp with tenderness and poor quadriceps strength. The treatment plan was requested in anticipation authorization of left arthroscopy that included Post-Operative Physical Therapy sessions, for the Left Knee, Cold Therapy unit, and Pre- Operative Clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Operative Physical Therapy sessions, for the Left Knee, 3 times per week for 4 weeks, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-2.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification.

Cold Therapy unit, 7 days, for the Left Knee, outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-2.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of continuous flow cryotherapy. According to the ODG Knee/Leg section, cold/heat packs is recommended as an option for acute pain after surgery. It is not recommended for non-operative uses. Up to seven days is described as a reasonable timeframe. In this case, since the request satisfies all criteria in keeping with the guidelines it is medically necessary.

Pre Operative Clearance, due to hypertension and diabetes, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 13-2.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, "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. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiogram testing is addressed." In this case, the injured worker is a diabetic with hypertension (coronary artery disease risk factors). The requested surgery is low risk as is the case with all endoscopies. Based on the information above and supplied records, there is no information to suggest the patient requires ECG and therefore request for clearance is considered not medically necessary.