

Case Number:	CM14-0003200		
Date Assigned:	01/15/2014	Date of Injury:	09/20/2011
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/09/2014

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 Surgeon, 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 58-year-old male who reported an injury on September 20, 2011 after a twisting motion reportedly caused injury to his low back, left knee and left ankle. The injured worker's treatment history included activity modifications, a brace, physical therapy, and medications. The injured worker previously underwent left knee arthroscopy. The injured worker underwent an MRI of the right knee on September 10, 2013. It documented evidence of small joint effusion and a horizontal oblique posterior horn and posterior body medial meniscus tear with high grade chondromalacia of the patellofemoral joint with evidence of a lateral patellar tilt and subluxation. The injured worker was evaluated on December 02, 2013. It was noted that the injured worker had continued bilateral knee complaints rated at a 7/10 to 10/10 with complaints of mechanical symptoms. It was noted within the documentation that the injured worker had developed a compensatory injury of the right knee. The injured worker had a positive bilateral McMurray's sign, and bilateral medial joint line tenderness, and patellar tendon tenderness. The injured worker was diagnosed with a compensatory medial meniscus tear. The injured worker's treatment recommendations included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF POST-OPERATIVE REHABILITATIVE THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

RIGHT KNEE ARTHROSCOPIC PARTIAL MEDIAL MENISCECTOMY, CHONDROPLASTY AND DEBRIDEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-5. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee schedule, 1999 edition, pages 92-93

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

Decision rationale: The requested right knee arthroscopic partial medial meniscectomy, chondroplasty and debridement is not medically necessary or appropriate. The ACOEM Practice Guidelines state that arthroscopic partial meniscectomy is generally recommended for injured workers who have clear clinical exam findings consistent with MRI findings that significantly impair an injured worker's ability to function. The clinical documentation submitted for review does indicate that the injured worker has clinical exam findings consistent with a meniscus tear that is evident on the imaging study provided. However, clinical documentation fails to identify significant functional deficits that would warrant surgical intervention. Additionally, the imaging study was indicative of degenerative changes to the right knee. The ACOEM Practice Guidelines indicate that meniscus surgery is not always beneficial for injured workers exhibiting signs of degenerative changes. Clinical documentation clearly identifies conservative treatments directed towards the left knee. However, it is not clearly evident that the injured worker has exhausted all conservative treatments prior to surgical intervention of the right knee. As such, the requested right knee arthroscopic partial medial meniscectomy, chondroplasty, and debridement are not medically necessary or appropriate.

14-DAY RENTAL OF A CONTINUOUS PASSIVE MOTION DEVICE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

POST-OP 90-DAY RENTAL OF A SURGI-STIM UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

ONE COOLCARE COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

PER-OPERATIVE MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.