

Case Number:	CM14-0129178		
Date Assigned:	08/18/2014	Date of Injury:	04/23/2014
Decision Date:	10/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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:

The claimant is a 47-year-old female who injured her left knee in work-related accident on 04/23/14. The report of an MRI dated 05/15/14 identified partial thickness cartilage loss of the medial femoral condyle, a shallow free edge fraying and tear of the medial meniscal posterior horn, and knee joint effusion. The 06/27/14 progress report documented complaints of left knee pain. Physical examination showed a 1+ effusion, medial joint line tenderness, full extension, and 120 degrees of flexion. The diagnosis was left knee medial meniscal tear with synovitis. Based on failed conservative measures the recommendation was made for Left Knee Arthroscopy for Partial Medial Meniscectomy and Synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Arthroscopy with Partial Medial Meniscectomy and Synovectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: California ACOEM Guidelines would support the request for left knee arthroscopy with partial medial Meniscectomy and Synovectomy as medically necessary. The

medical records reveal the claimant has positive medial meniscal findings on MRI, has failed conservative care, and continues to have subjective complaints of knee pain and positive physical examination findings. Given the claimant's overall clinical picture and clear documentation of meniscal pathology, the role of surgery would be supported.

Post-Operation Polar Care 7 day's rental: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition: Continuous-Flow Cryotherapy

Decision rationale: California ACOEM Guidelines supported by the Official Disability Guidelines would recommend the requested seven-day use of a Cryotherapy device. The ACOEM Guidelines recommend the application of cold to control pain and swelling. The Official Disability Guidelines recommend the use of cryotherapy postoperatively for up to seven days including home use. Therefore, the request for post-operation Polar care 7 days rental meets the guideline criteria and is recommended as medically necessary.