

Case Number:	CM14-0205465		
Date Assigned:	01/30/2015	Date of Injury:	12/04/2013
Decision Date:	05/26/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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: New York, New Hampshire, Washington
 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 patient is a 42-year-old female with date of injury of December 4, 2013. The patient has left knee pain. On physical examination there is no deformity left knee. There is positive joint line tenderness. The knee is stable to all stress. There is negative McMurray test. Patient continues to have left knee pain. The patient has had physical therapy and acupuncture. MRI left knee shows remote partial thickness PCL tear. His medial meniscus degeneration with a small joint effusion. At issue is whether left knee surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Table 16-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

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

Decision rationale: This patient does not meet criteria for left knee surgery. Specifically the medical records do not document an adequate trial and failure conservative measures to include physical therapy. In addition, the MRI does not document significant internal derangement. There are no red flag indicators for median knee surgery such as bucket-handle meniscal tear. Additional conservative measures for the treatment of left knee pain are not needed.

Associated Surgical Service: VascuTherm4 with DVT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG shoulder chapter, cold compression therapy, ODG shoulder chapter, continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physical Therapy with Massage Therapy (3 times a week for 6 weeks): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine.

Decision rationale: MTUS chronic pain treatment guidelines do not recommend the use of muscle relaxants in cases of chronic low back pain or chronic knee pain. This medication is not medically necessary for this patient who has chronic knee pain and chronic back pain.

Associated Surgical Service: Cold Compression (21-days): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.