

Case Number:	CM14-0211933		
Date Assigned:	01/02/2015	Date of Injury:	06/07/2012
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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: California
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:

48 year old male claimant with an industrial injury dated 06/07/12. Exam note 11/19/14 states the patient returns with left knee pain. The patient rates the pain an 8/10 and reports instability with the left knee. The patient states the medications help him to preform daily living activities. Upon physical exam there was evidence of atrophy surrounding the left knee quadriceps muscles. There was also evidence of tenderness surrounding the medial and lateral joint lines. The patient reveals a limited range of motion. Exam Lachman's was noted as positive with +2 laxity. Exam McMurray's was noted as positive. Diagnosis is noted as internal derangement of the left knee with ACL tear, and osteoarthritis of the bilateral knees. Treatment includes a left knee surgery, crutches, a cold therapy unit, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids

Decision rationale: According to the ODG knee chapter, walking aids are recommended for almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also, decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case there is lack of functional deficits noted in the exam note from 11/19/14 to warrant crutches. Therefore, the request is not medically necessary and appropriate.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy

Decision rationale: According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore, the request is not medically necessary and appropriate.

Eighteen post-op physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, ACL tear, page 25, 24 visits of therapy are recommended after arthroscopy with ACL reconstruction over a 16 week period. In this case, the request exceeds half of the recommended initial visits of 12. Therefore, the request is not medically necessary and appropriate.

An assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliography Assistant Surgeon; <http://www.aaos.org/about/papers/position/1120.asp>

Decision rationale: According to the American College of Surgeons: "The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital." There is an indication for an assistant surgeon for an ACL reconstruction. The guidelines state that "the more complex or risky the operation, the more highly trained the first assistant should be." In this case, the decision for an assistant surgeon is not medically necessary. There is no medical necessity for this request if the surgery does not occur.