

Case Number:	CM14-0215324		
Date Assigned:	01/02/2015	Date of Injury:	06/10/2014
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 06/10/2014. The documentation of 11/24/2014 revealed the injured worker had attended physical therapy 2 times a week x6 weeks for strengthening of his right knee and it had improved somewhat, but he was still unable to stand and walk for a prolonged period of time. The injured worker had an MRI of the right knee, which revealed a tear of the medial and lateral meniscus. The injured worker was trying to lose weight; however, it was difficult to lose weight because he could not be active because of his right knee pain. The injured worker was noted to have an x-ray on 08/14/2014, which revealed there was a decreased medial joint line space of the knee which was asymptomatic. The injured worker had degenerative changes of the patellofemoral joint of the right knee. The medications included hydrocodone/acetaminophen, naproxen, and zolpidem. The physical examination revealed the range of motion was 0 to 130 degrees of flexion, the medial lateral collateral ligaments were stable to varus and valgus stress testing, and the anterior and posterior drawer signs were normal to the right knee. There was no rotational instability. The BMI was 45.61. There was no calf tenderness or deep vein thrombosis. The diagnoses included lateral and medial meniscus tear symptomatic, joint pain knee, chondromalacia patella symptomatic, and osteoarthritis knee. The discussion included operative and nonoperative approaches and the injured worker indicated they wanted to proceed with surgery, including a right knee with debridement of torn medial and lateral menisci of the right knee. A request was made for a surgical assistant to retract soft tissues for exposure to the distal femur, proximal tibia, and patella. Additionally, it was indicated the assistant would assist in placement of

different cutting guides for the distal femoral, proximal tibia, and patellar osteotomy and assist with placements of trial components for the knee ligament balancing instability and range of motion, and assist with placement of the permanent components and wound closure. The physician documented that surgery could not be performed safely, effectively, and efficiently, and within standards of care without a well-trained surgical assistant and authorization was requested for postoperative physical therapy to facilitate range of motion and strength and rehabilitation of the left knee. Physical therapy was requested 2 times a week for 6 weeks postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Surgical assistant, per 11/24/14 exam note. Qty: 1.00:

Overtaken

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, Low Back Chapter, Surgical assistant

Decision rationale: The Official Disability Guidelines indicate that a surgical assistant is appropriate for a more complex surgery. The surgical intervention would be a complex surgery as described in the physician documentation, this request would be supported. The request for the associated surgical service: Surgical assistant, per 11/24/14 exam note would be supported and would be medically necessary. This review presumes the surgery is planned and will proceed. There is no medical necessity for the request if surgery does not occur.

Associated surgical service: Initial post-op physical therapy, 2 times weekly, right knee, per 11/24/14 exam note. Qty: 12.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,24.

Decision rationale: The California Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines indicate that postsurgical treatment for a meniscectomy is 12 visits; however, the initial recommended number of visits is half the recommended number of visits. This request for 12 sessions would be excessive. Given the above, the request for associated surgical service: Initial post-op physical therapy, 2 times weekly, right knee, per 11/24/14 exam note. Qty: 12.00 is not medically necessary.

