

Case Number:	CM15-0014041		
Date Assigned:	02/02/2015	Date of Injury:	06/21/2013
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/24/2015

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, Sports Medicine

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 52-year-old female who reported an injury on 06/21/2013. The mechanism of injury involved a fall. The current diagnosis is symptomatic medial meniscus tear with chondromalacia of the left knee. The injured worker presented on 12/01/2014 for an orthopedic evaluation. The injured worker reported pain, swelling, and catching of the left knee. Previous conservative treatment included rest, anti-inflammatory medication, and physical therapy. Upon examination of the left knee, there was 0 degrees to 130 degrees range of motion, medial and lateral patellar facet tenderness, medial joint line tenderness, positive McMurray's sign, 5/5 motor strength, and an antalgic gait. Recommendations included an arthroscopic meniscectomy with debridement. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pre-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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state preoperative testing should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. In this case, there is no evidence of a significant medical history or any comorbidities. Therefore, the medical necessity for outpatient pre-operative medical clearance has not been established in this case. As such, the request is not medically appropriate at this time.

Post-operative purchase one 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) Continuous flow cryotherapy.

Decision rationale: The Official Disability Guidelines recommend a 7 day rental of a continuous flow cryotherapy unit following surgery. The current request for a unit purchase exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.