

Case Number:	CM15-0018823		
Date Assigned:	02/06/2015	Date of Injury:	07/24/2014
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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 30-year-old male who reported an injury on 07/24/2014 after a backwards step out of a delivery truck. The injured worker reportedly sustained an injury to his right knee. The injured worker failed to respond to conservative treatment to include activity modifications, physical therapy, medications, and a knee brace. The injured worker underwent an MRI of the right knee on 08/25/2014. It was documented that the injured worker had a horizontal tear of the anterior horn, body and posterior horn of the medial meniscus. The injured worker was evaluated on 01/23/2015. Physical findings included a positive medial McMurray's test, restricted range of motion secondary to pain, effusion of the knee joint, and moderate medial joint line tenderness. The injured worker also had a positive patellar crepitation test. The injured worker's diagnoses included a meniscal tear. Surgical intervention was recommended. A review of the documentation indicates that the requested meniscectomy did receive authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Surgery assist - PA for right knee surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Milliman Care Guidelines, 12th addition;

American College of Surgeons et al. Physicians as Assistants at Surgery 2002 Study.
<http://www.facs.org/ahp/pubs/2002physasstsurg.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Surgical Assistants The American College of Surgeons, Physicians as Assistant at Surgery, a 2011 case study.

Decision rationale: The requested associated surgical service: Surgery assist - PA for right knee surgery is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do recommend surgical assistance for complicated surgeries. The American College of Surgeons, Physicians as Assistant at Surgery, a 2011 case study, does support that a surgical assistant would be beneficial for this type of surgery. As such, the requested associated surgical service: Surgery assist - PA for right knee surgery is medically necessary and appropriate.

Associated surgical service: Toradol 10mg #20 No Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available). Page(s): 72.

Decision rationale: The requested associated surgical service: Toradol 10mg #20 No Refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does indicate that toradol is used to treat acute or chronic pain. However, this medication is not a first line medication. There is no indication that the injured worker would not be responsive to a first line medication and would require a second or third line medication for pain control. As such, the requested associated surgical service: Toradol 10mg #20 No Refills is not medically necessary or appropriate.

Associated surgical service: Continuous Passive Motion rental times 14 days for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Chapter, Continuous Passive Motion Machine.

Decision rationale: The requested associated surgical service: Continuous Passive Motion rental times 14 days for the right knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not support the need for continuous passive motion machines following a meniscectomy. There are no exceptional factors noted to support extending treatment beyond guideline

recommendations. As such, the requested associated surgical service: Continuous Passive Motion rental times 14 days for the right knee is not medically necessary or appropriate.

Associated surgical service: cold therapy unit - purchase for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Continuous Flow Cryotherapy Unit.

Decision rationale: The requested associated surgical service: cold therapy unit - purchase for the right knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend the use of a cold therapy unit for up to 7 days in the postsurgical management of an injury to assist with pain control and inflammation. The request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested associated surgical service: cold therapy unit - purchase for the right knee is not medically necessary or appropriate.

Associated surgical service: outpatient physical therapy 3 times per week for 4 weeks for the right knee: Upheld

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

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

Decision rationale: The requested associated surgical service: outpatient physical therapy 3 times per week for 4 weeks for the right knee is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend 12 sessions of postoperative physical therapy for a meniscectomy. However, California Medical Treatment Utilization Schedule recommends an initial course of treatment equal to half the number of recommended visits to establish efficacy of treatment. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested associated surgical service: outpatient physical therapy 3 times per week for 4 weeks for the right knee is not medically necessary or appropriate.