

Case Number:	CM15-0126880		
Date Assigned:	07/15/2015	Date of Injury:	08/13/2012
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, Oregon
 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 injured worker is a 50 year old male who sustained an industrial injury on 08/13/12. Initial complaints were electrocution. Treatments to date include medications, spinal cord stimulator, physical therapy, burn treatment, right rotator cuff repair, and left upper extremity amputation. Diagnostic studies include multiple CT scans and x-rays of the knees. Current complaints include bilateral knee pain. Current diagnoses include bilateral knee pain. In a progress note dated 06/02/15 the treating provider reports the plan of care as bilateral knee arthroscopy with partial meniscectomy and chondroplasty. The requested treatments include bilateral knee surgery with crutches/cane, and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold therapy for purchase bilateral knee: 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) knee.

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

Associated surgical services: Crutches or cane for purchase bilateral knee: 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) knee.

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

Bilateral knee arthroscopy, partial meniscectomy and chondroplasty x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case it is recognized that CT arthrogram of the knee is needed in lieu of MRI due to the spinal device. There was a CT arthrogram of the shoulder completed and bilateral knee arthrogram CT was ordered, but the results not submitted for review. In addition there are no documented mechanical symptoms like locking, popping or recurrent effusion documented in the 6/2/15 PR. Based on this the request is not medically necessary.