

Case Number:	CM13-0004370		
Date Assigned:	03/12/2014	Date of Injury:	08/23/2010
Decision Date:	05/20/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 38-year-old gentleman who sustained an injury to his left knee on August 23, 2010. Clinical records available for review include an April 25, 2013, left knee MRI report that showed a small tear to the body of the lateral meniscus. No other imaging findings were documented. The claimant was noted to be status post prior partial medial meniscectomy. Clinical follow-up on June 6, 2013, documented that the claimant was reported to have left knee advanced degenerative changes status post meniscectomy and secondary complaints of quadriceps atrophy. Electrodiagnostic study findings were normal. During physical examination, the claimant's knee was noted to be in a brace and reported to have full range of motion. Additional findings were not noted, and continued management with medications was recommended. A July 9, 2013, follow-up note reports no effusion or tenderness to palpation of the knee; the note further states that range of motion was not evaluated. The claimant was diagnosed with left knee degenerative changes and lateral meniscal tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT KNEE ARTHROSCOPY WITH PARTIAL LATERAL MENISCECTOMY:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: According to California ACOEM Guidelines, the request for knee arthroscopy with lateral meniscectomy would not be medically indicated. The claimant's diagnosis of advanced degenerative change is not supported by current physical examination findings of acute or isolated lateral compartment abnormalities. The nonconcordant findings on examination, coupled with documentation of advanced degenerative arthrosis, would not support the need for arthroscopic lateral meniscectomy in this case.

8 POST OPERATIVE PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

14 DAY RENTAL OF COLD THERAPY UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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