

Case Number:	CM13-0030067		
Date Assigned:	11/27/2013	Date of Injury:	06/08/2011
Decision Date:	02/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This claimant is a 57-year-old female with a reported date of injury of 06/08/2011. The mechanism of injury is described as carrying a tray with food on her work area when she noticed onset of a snapping sensation and pain to her right knee with subsequent pain to her left knee. On 07/23/2012, magnetic resonance imaging (MRI) of the left knee found an oblique tear of the posterior horn of the medial meniscus extending to the undersurface of the structure and no other abnormalities were identified. On 09/18/2013, she was examined again and on examination of her knees she had full extension of 0 degrees bilaterally with slight discomfort. She had appropriate flexion of 125 degrees bilaterally limited by her flesh and her size. She had pain on patellar compression and she had no medial or lateral instability. She had painful, but negative Lachman's, drawer, pivot shift, and McMurray's sign and there was no instability. She was seen again in clinic on 11/15/2013 and a handwritten note indicates she was awaiting authorization for surgery to her knee. The diagnosis includes lumbar spine annular tear with anterolisthesis and status post right knee arthroscopy, hypertension, and obesity. The plan going forward was to recommend left knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The MTUS/ACOEM states "activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. The referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk." The last clinical note dated 11/15/2013 indicates this patient was ready for surgery, but the request does not actually indicate what type of surgery she is to be scheduled for. The clinical note of 09/18/2013 indicates that she has negative Lachman's, negative McMurray's, and negative pivot shift. There is no indication of what type of surgery she is to be having and there is no indication on clinical exam that she has significant findings to warrant surgical intervention. This request therefore, is not medically necessary and is non-certified.