

Case Number:	CM13-0053788		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2007
Decision Date:	05/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 46-year-old gentleman who sustained injuries to the low back and left knee in a work related accident on January 23, 2007. In the records provided for review, there is also documentation of a cervical injury that was treated with two level anterior cervical discectomy and fusion in April of 2013. Medical records specific to his left knee include a September 19, 2013 follow up examination for residual complaints of left knee pain. Examination showed a positive McMurray's and positive patellar grind testing for the diagnosis of internal derangement of the left knee. The records for review did not contain any formal imaging or documentation of conservative care. The treating provider recommended left knee arthroscopy to repair internal derangement. There are also postoperative requests for physical therapy, crutches and a preoperative request for medical clearance with claimant's internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH REPAIR OF INTERNAL DEBRIDEMENT:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation JOURNAL OF THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, VOL 21, NO. 4, PGS. 204-213

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

Decision rationale: Based on the California ACOEM Guidelines, the request for left knee arthroscopy to repair internal derangement would not be indicated. The ACOEM Guidelines support arthroscopic partial meniscectomy stating that it usually has a high success rate for cases in which there is clear evidence of a meniscus tear but states that arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. While the claimant's examination identifies positive findings, the medical records do not contain any imaging reports to confirm or refute evidence of internal derangement that would benefit from the proposed surgical procedure. In addition, there is no documentation of the conservative care that has been provided to the claimant for his left knee symptoms. Therefore, the request for proposed surgery for repair of internal derangement cannot be recommended as medically necessary based upon ACOEM Guidelines.

POST-OP PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:
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.

CRUTCHES: 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.

MEDICAL CLEARANCE WITH [REDACTED]: 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.