MAXIMUS Federal Services

Case Number:	CM13-0055075		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2008
Decision Date:	03/25/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 Alaska and Texas. 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:

The patient is a 67-year-old male who reported an injury on 12/12/08, secondary to repetitive motion. The patient is diagnosed with hearing loss, chronic cervical sprain, cervical degenerative disc disease, bilateral shoulder chronic strain, bilateral shoulder impingement, status post left shoulder surgery, right shoulder arthroscopy, chronic lumbar sprain, status post anterior lumbar discectomy and fusion, bilateral knee arthrosis, status post left knee arthroscopic surgery, left knee status post subtotal excision, gastritis, umbilical hernia, and hypertension. The patient was seen by [redacted] on 10/23/13. The patient reported ongoing left knee pain with restricted range of motion. Physical examination revealed tenderness to palpation over the medial joint line and anteromedial joint line, painful range of motion, and crepitus. Treatment recommendations included a left knee arthroscopy with partial medial meniscectomy as well as 12 sessions of postoperative physical therapy, a cold therapy unit rental for 14 days, and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic surgery to include partial medial meniscectomy: Upheld

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

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

Decision rationale: The California MTUS/ACOEM practice guidelines state that referral for surgical consultation may be indicated for patients who have activity limitations for more than one month, and exercise programs have failed to increase range of motion and strength around the knee. As per the documentation submitted, there is no evidence of a previous course of physical therapy or an exhaustion of conservative treatment. The patient's physical examination revealed a normal gait with painful range of motion and tenderness to palpation. The patient has previously undergone a left knee arthroscopic surgery on 10/16/06. Documentation of an extreme progression of symptoms or physical examination findings was not provided. There are no imaging studies provided for review. The medical necessity for the requested procedure has not been established. As such, the request for left knee arthroscopic surgery to include partial medial meniscectomy is non-certified.

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.

Preoperative medical clearance: 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.