MAXIMUS Federal Services

Case Number:	CM13-0055892		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2010
Decision Date:	08/12/2014	UR Denial Date:	07/20/2010
Priority:	Standard	Application Received:	11/21/2013

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 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 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 injured worker is a 47-year-old male who reported an injury on 07/20/2010. The mechanism of injury was not stated. The current diagnosis is right knee medial meniscus tear with minimal clinical evidence of ACL insufficiency. The injured worker was evaluated on 11/21/2013, with complaints of instability and pain in the right knee. Physical examination revealed joint line tenderness with signs of meniscal and chondral pathology. Treatment recommendations at that time included a right knee arthroscopy. It was noted that the injured worker underwent an MRI of the right knee on 10/07/2013, which indicated a small tear of the posterior horn of the medial meniscus with a chronic partial tear of the ACL. An operative report was then submitted on 01/24/2014, indicating that the injured worker underwent a right knee medial meniscectomy with ACL debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery, Right Knee, Meniscectomy, Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and lack of full passive flexion); and consistent findings on MRI. As per the documentation submitted, there was no evidence of an exhaustion of conservative treatment prior to the request for a surgical procedure. Therefore, the injured worker does not meet the criteria for the requested procedure. As such, the request is not medically necessary.

Assistant Surgeon: 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.

Cold Therapy Unit - Purchase: 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.

Knee Brace - Purchase: 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.