

Case Number:	CM14-0001388		
Date Assigned:	01/22/2014	Date of Injury:	02/15/2012
Decision Date:	11/21/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/03/2014

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:

This 53 year old male claimant with an industrial injury dated 02/15/12. MRI of the lumbar spine dated 12/23/12 reveals multilevel degenerative disc disease and a 4mm disc herniation at L1-2, and L5-S1. MRI of the right knee dated 03/11/13 reveals mild femorotibial degenerative joint disease, and moderate articular cartilage loss of the medial patellar facet with no significant meniscal or ligamentous injuries displayed. The patient is status post Viscosupplementation with Synvisc One as of 07/31/13 which provided no pain relief. Additional conservative treatments have included physical therapy, a home exercise program, NSAIDS, ice, bracing, activity modification, and rest. Exam note 10/15/13 states the patient returns with right knee pain. Upon physical exam there was tenderness surrounding the right knee along with patellofemoral crepitation. The patient had a positive grind test, and straight leg raise. The patient demonstrated pain with a deep squat and there was tenderness along the medial compartment. Range of motion was noted as 0'-120'. Additionally, there was tenderness along the paraspinal muscles. The patient explains a clicking, locking and instability of the right knee. Treatment includes a right knee arthroscopy, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE DIAGNOSTIC OPERATIVE ARTHROSCOPIC MENISCECTOMY VS REPAIR POSSIBLE DEBRIDEMENT OF CHONDROPLASTY: 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): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion)According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 3/11/13 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary and appropriate.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

POST-OP PHYSICAL THERAPY X12 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

DVT (DEEP VEIN THROMBOSIS) PROPHYLAXIS: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

PERI-OPERATIVE ANTIBIOTICS- LEVAQUIN 750MG, #20: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.