

Case Number:	CM14-0002342		
Date Assigned:	01/24/2014	Date of Injury:	02/02/2013
Decision Date:	06/12/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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:

The patient is a 61-year-old who sustained an injury to the left knee in work related accident on February 2, 2013. The records provided for review include the report of an MRI of the left knee dated August 7, 2013 that identified a small radial tear of the medial meniscus with a signal change laterally representing degeneration but no tearing noted. There was underlying osteoarthritis of both the medial and lateral compartments, small knee joint effusion and prepatellar edema. The records did not contain specific documentation of conservative treatment for the left knee. The clinical assessment dated December 9, 2013 noted continued complaints of pain in the left knee and examination showed patellofemoral crepitation, tenderness to palpation anteriorly, negative Lachman's and anterior drawer testing and negative medial and lateral McMurray's testing. Based on failed conservative care and MRI findings, the recommendation for a knee arthroscopy was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE MENISCECTOMY AND DEBRIDEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints Chapter of the ACOEM Practice Guidelines, 2nd Edition (2008 Revision), Surgical Considerations and Knee Complaints Sections, pages 1020-1021.

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

Decision rationale: Based on the Knee Complaints Chapter of the ACOEM Practice Guidelines, a knee arthroscopy, meniscectomy and debridement cannot be recommended as medically necessary. The records of the last clinical assessment did not identify examination findings consistent with meniscal pathology based on the negative McMurray's testing and no joint line tenderness. The imaging report also identified evidence of advanced degenerative findings to both the medial and lateral compartment on MRI scan. There is no documentation of conservative treatment for the claimant's symptoms. Therefore, the lack of meniscal pathology on exam, the imaging findings of advanced degenerative findings, and lack of documentation of conservative treatment would not satisfy the ACOEM Guidelines to support the surgery as medically necessary. The request for a left knee meniscectomy and debridement is not medically necessary or 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POSTOPERATIVE PHYSICAL THERAPY TO TREAT LEFT KNEE 2 TIMES A WEEK FOR 6 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.

ZOFRAN ODT 4MG, #10: 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.

COLACE 100MG, #10: 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.

VICODIN, #30: 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.

VITAMIN C 500MG, #60: 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.