

Case Number:	CM14-0003548		
Date Assigned:	01/31/2014	Date of Injury:	08/19/2013
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/09/2014

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 an employee of the [REDACTED] and has filed a claim for meniscal tear of the left knee associated with an industrial injury date of August 19, 2013. The treatment to date has included steroid injections to the knee and pain medications. Medical records from 2013 were reviewed showing the patient complaining of persistent left knee pain rated at 6/10. The pain is noted as constant. There are associated symptoms of popping and clicking in the left knee. The patient has received steroid injections to the left knee but has not provided significant benefit. On examination, the patient ambulates with an antalgic gait pattern. The medial and lateral joint lines for the left knee were tender. Left knee range of motion was slightly limited. Patellar crepitus was noted in the left knee. Apley's test was positive for the medial joint line. McMurray's test was positive for the medial joint line. The utilization review from December 23, 2013 denied the request for left knee arthroscopic lateral meniscectomy with saucerization with possible meniscal repair. The reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPIC LATERAL MENISCECTOMY AND SAUCERIZATION WITH POSSIBLE MENISCAL REPAIR: Upheld

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

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

Decision rationale: As stated on pages 303-304 of ACOEM Knee Complaints referenced by California MTUS, meniscectomy is recommended for severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent for meniscal tear. In this case, the patient complained of persistent left knee symptoms despite 4 months of conservative therapy. However, the documentation did not provide imaging evidence of a clear meniscal injury. Objective findings point to a medial tear rather than a lateral tear. With no clear evidence for the request of surgery, the request for left knee arthroscopic lateral meniscectomy and saucerization with possible meniscal repair is not medically necessary.

PRE-OP LABS, CBC & CMP: 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.

COLD THERAPY UNIT X 21 DAY RENTAL: 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.

POST OP PT X 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES,

2ND EDITION (2004), CHAPTER 13 KNEE COMPLAINTS, PHYSICAL THERAPY
GUIDELINES

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.