

Case Number:	CM14-0100740		
Date Assigned:	07/30/2014	Date of Injury:	02/16/2008
Decision Date:	11/10/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 41-year-old female who was reportedly injured on February 16, 2008. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated April 9 2014, indicated that there were ongoing complaints of left knee pain. The physical examination demonstrated moderate swelling over the medial aspect of the left knee, medial joint line tenderness, and a positive McMurray's test. Diagnostic imaging studies objectified "globular increased signal intensity in the posterior horn of the medial meniscus consistent with intrasubstance degeneration." There were no objective findings of a meniscal tear. Previous treatment included care for the low back injury. A request had been made for the arthroscopy and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, partial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 243-244.

Decision rationale: Based on the medial records, there was intrasubstance degeneration in the posterior horn of the medial meniscus in the left knee without clear evidence of a meniscal tear extending to the articular surface on the MRI dated 01/02/14. The reading radiologist recommended a MR arthrogram for further evaluation. The injured worker continued to have symptoms despite physical therapy and medications for pain. The 04/09/14 physical exam noted a moderate amount of swelling in the left knee with tenderness to palpation over the medial joint line with positive patellar grind test and a positive McMurray's sign. Although the injured worker remains symptomatic despite non-operative treatment and has physical exam findings consistent with a medial meniscal tear, the imaging studies provided for review did not confirm a meniscal tear in the medial meniscus that would support the proposed surgical request. Per current evidence based guidelines, there should be correlating findings on physical exam and imaging to support surgical intervention to include meniscectomy in the knee. As this was not supported by the clinical documentation provided, this reviewer would not recommend the surgical request as medically necessary.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative testing, general

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Unspecified labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative testing, general

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest xray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative testing, general

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physical therapy 3 x a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.