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| Case Number: | CM14-0114178 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/25/2010 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Pennsylvania. 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 is a 45-year-old, male who sustained a vocational injury on 09/25/10. The office note dated 06/10/14 noted that the claimant had complaints of pain in both knees, left greater than right and was under the care of an outside physician for the diagnosis of reflex sympathetic dystrophy of the right leg. The records document that the claimant previously had two right knee arthroscopies with a poor result with ongoing pain and reflex sympathetic dystrophy. The claimant also had left knee pathology with increased complaints of pain and requested surgery. He complained of radiating pain and numbness down both legs. It was documented that a prior MRI of the left knee from 2011 showed both medial and lateral meniscus tears; the formal report was not provide for review. This request is for left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy: 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: California ACOEM Guidelines recommends surgical intervention if there is documentation that there is failure of an exercise program to increase range of motion and strengthen the musculature around the knee. In addition, the ACOEM Guidelines note that there should be symptoms other than simply pain with clear signs of a bucket handle tear on examination and consistent findings on MRI. The documentation provided for review does not identify what conservative treatment has been provided to the claimant for his left knee symptoms. The documentation also lacks recent abnormal physical exam objective findings to support the medical necessity of the requested procedure. There is no formal MRI report from 2011 to confirm the findings and there are no additional, more recent diagnostic studies confirming that there is ongoing pathology of the left knee which may be amendable to surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the left knee arthroscopy cannot be considered medically necessary.

Post Op Physical Therapy 3x4 Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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