

Case Number:	CM14-0125463		
Date Assigned:	08/11/2014	Date of Injury:	01/12/2014
Decision Date:	09/18/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/07/2014

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:

This is a 40-year-old male who sustained a vocational injury on 1/12/14 when he became trapped under a box while working as a general laborer. The medical records provided for review include an office note dated 2/22/14 that documents the claimant's diagnosis as left knee sprain/strain and internal derangement. An MRI dated 2/12/14 revealed an impression of intact cruciate ligaments, intrasubstance degeneration of the posterior horn of the medial meniscus, and a superimposed radial tear of the free edge of the posterior horn as well as mild chondromalacia of the anterior compartment, no acute osseous abnormality, and patellar tendinosis. Physical examination of the left knee on 2/10/14 revealed positive McMurray's test. The medical records document conservative treatment has included medications, home exercise program, activity modification, bracing, and physical therapy with no lasting relief. The current requests include chest x-ray, preoperative labs, twelve post-operative physical therapy sessions, left knee arthroscopy with partial medial meniscectomy and debridement, and abrasion chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chest xray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Surgical intervention has been deemed not medically necessary. Subsequently, the request for a chest x-ray cannot be considered medically necessary.

Pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Surgical intervention has been deemed not medically necessary. Subsequently, the request for preoperative labs cannot be considered medically necessary.

Left knee arthroscopy with partial medial meniscectomy, debridement, and abrasion chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter: Meniscectomy.

Decision rationale: California ACOEM Guidelines recommend that claimants should have symptoms other than pain which should include locking, popping, giving way, or recurrent effusion prior to considering meniscectomy. In addition, there should be abnormal physical exam objective findings that show clear signs of a bucket handle tear on exam such as tenderness over the suspected tear or joint line, perhaps full lack of passive flexion, effusion, crepitus, limited range of motion, and positive McMurray's testing. Official Disability Guidelines note that prior to considering chondroplasty there should be a clear chondral defect on MRI. Although documentation suggests that the claimant has had conservative treatment, documentation is not clear as to the specifics of such conservative treatment in the form of the types of medications, the length of response to formal physical therapy, and whether or not the claimant has had an intraarticular Cortisone injection which would be recommended as both diagnostic and therapeutic. In addition, there is no documentation that the claimant has a chondral defect on the MRI that would be amenable to surgical intervention. Documentation also fails to establish that the claimant has significant subjective complaints consistent with mechanical and meniscal pathology and abnormal physical exam objective findings specifically related to mechanical and meniscal pathology which may be amenable to surgical intervention. Based on the documentation presented for review and in accordance with California

MTUS/ACOEM and Official Disability Guidelines, the request for left knee arthroscopy with partial medial meniscectomy, debridement, and abrasion chondroplasty cannot be considered medically necessary.

12 post-operative physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Surgical intervention has been deemed not medically necessary. Subsequently, the request for post-operative physical therapy cannot be considered medically necessary.