

Case Number:	CM14-0128746		
Date Assigned:	08/18/2014	Date of Injury:	03/31/2003
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 injured worker is a 63 year old male who had a work related injury on 03/31/2003. The mechanism of injury is not documented. The most recent medical record submitted for review is dated 07/14/14. The injured worker had surgery in September 2003 consisting of arthroscopic surgery of the right knee, partial medial meniscectomy and resection of medial suprapatellar plica. The injured worker continued to report knee pain, mostly medially, and getting mechanical symptoms along the medial joint line. Objective findings indicated no effusion, full extension and pain on the medial side with McMurray's test. A right knee MRI from 2009 indicated a medial meniscal tear. The x-rays taken of the right knee on 05/29/13 indicated a 3 degree valgus on the right, 4 degree valgus on the left, mild diffuse changes on the right, knee cartilage intervals on the right medial were 5 mm and lateral 6 mm, left medial 5 mm, left lateral 6 mm. Lateral views showed mild diffuse degenerative changes with spurring of the poles of the patella. Merchant view reveals mild subluxation, and a near normal tilt with mild diffuse degenerative changes. The provider indicated that arthroscopic surgery is indicated due to the mechanical symptoms. Prior utilization review on 07/22/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPIC REVISION, PARTIAL MEDIAL MENISCECTOMY, CHONDROPLASTIES AND TREATMENT OF OTHER PATHOLOGY IF INDICATED:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, 345.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Meniscectomy.

Decision rationale: The request for right knee arthroscopic revision, partial medial meniscectomy, chondroplasties, and treatment of other pathology if indicated is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical evidence that the injured worker has catching, locking or effusion of the right knee. The imaging studies are 5 years old. As such, medical necessity has not been established.

1 PRE-OP MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Preoperative testing, general.

Decision rationale: The request for pre-op medical clearance is predicated on the initial surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.

12 POST-OP PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: The request for 12 post-operative physical therapy sessions is predicated on the initial surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.