

Case Number:	CM14-0171506		
Date Assigned:	10/20/2014	Date of Injury:	02/20/2014
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 45-year-old female who reported an injury on 02/20/2014. The mechanism of injury was the injured worker slipped on a pencil while teaching. The surgical histories were noncontributory. The medications included Flexeril 10 mg one 3 times a day, Norco 5/325 mg 1 to 2 tablets every 6 hours as needed for pain, and tramadol 50 mg tablets 1 every 4 to 6 hours as needed for pain. Prior therapies included 12 sessions of physical therapy. The injured worker underwent a 3 view x-ray of the right knee on 08/07/2014, which revealed the bone density was normal, soft tissues were normal, and there were no fractures. The medial and lateral joint spaces were well maintained. On the lateral view and patellofemoral view, the patellofemoral joint appeared normal. The impression was essentially normal x-ray. The subjective complaints and objective findings were not supplied as there were noted to be 4 pages of notes for the visit and page 2 was missing. The prior examination date of 07/07/2014 revealed the injured worker's right knee had a normal appearance and the injured worker had tenderness to palpation over the patella area and pain with range of motion. The injured worker underwent an MRI of the right knee on 03/13/2014, which revealed a minimal right knee joint effusion with a mild amount of anterior subcutaneous soft tissue edema, meniscal degeneration of the posterior horn of the right medial meniscus, and a small subcentimeter probable bone island in the proximal right tibia that was old in appearance without otherwise acute bony MR abnormality of the right knee. The documentation of 09/03/2014 revealed the physical examination remained unchanged from the examination on 08/07/2014. There was a detailed Request for Authorization submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, medial and lateral meniscectomy and debridement, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Arthroscopy; Diagnostic arthroscopy Official Disability Guidelines: Meniscectomy; Indications for surgery--Meniscectomy

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical consultation may be appropriate for an injured worker who has activity limitations for more than 1 month and a failure of exercise programs to increase range of motion and strength of musculature around the knee. Additionally, the guidelines indicate that there should be documentation of clear evidence of a meniscal tear including symptoms other than pain which include locking, popping, giving away, or recurrent effusion, clear signs of bucket handle tear on examination including tenderness over the suspected tear but not over the entire joint line, and perhaps a lack of full passive flexion. There should be documentation of consistent findings on MRI. The clinical documentation submitted for review failed to include the page dated 08/07/2014 with objective physical examinations to support the necessity for surgical intervention. There was a lack of documentation indicating the injured worker had findings of a meniscal tear on MRI. Given the above and the lack of documentation, the request for arthroscopy, medial and lateral meniscectomy, and debridement of the right knee is not medically necessary.

Associated surgical service: Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Surgical assistant

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Associated surgical service: Post-operative physical therapy 2 times weekly for 6 weeks, right knee, QTY: 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.