

Case Number:	CM14-0021721		
Date Assigned:	05/05/2014	Date of Injury:	11/01/2000
Decision Date:	07/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/20/2014

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:

The claimant is a 69-year-old gentleman who sustained an injury to the low back and bilateral knees in a work related accident on 11/01/00 while lifting a pallet. Medical records pertaining to the claimant's left knee included a 01/28/14 progress report noting continued complaints of bilateral knee pain, left greater than right. Physical examination was documented to show on the claimant's vital signs as here was no formal examination of the knee documented. The report of an MRI dated 01/13/14 identified "signal change consistent with a prior partial medial meniscectomy." There was also significant osteoarthritis of the medial joint space and cystic changes along the medial aspect of the knee. He progress report documented that the claimant had failed conservative care and arthroscopy for the left knee was recommended. The previous clinical assessment of 01/06/14 documented a physical examination showing positive straight leg raising, an antalgic gait, lumbar and sacroiliac joint tenderness, but no formal knee evaluation was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY WITH MEDIAL MENISCECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for left knee arthroscopy with medial meniscectomy would not be indicated. The records indicate that the claimant's recent imaging is consistent with prior partial medial meniscectomy, but no indication of acute meniscal tearing. There is also evidence of significant degenerative change. ACOEM Guidelines do not support the role of surgical intervention in the absence of clear clinical findings of meniscal pathology or in the setting of advanced degenerative arthritis. Therefore, the request for left knee arthroscopy and medial meniscectomy would not be indicated. The request is not medically necessary and appropriate.

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 cite any medical evidence for its decision.

Decision rationale: The request for left knee arthroscopy and medial meniscectomy is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is not necessary.

POST-OPERATIVE PHYSICAL THERAPY FOR THE LEFT KNEE QTY: 8: Upheld

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

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

Decision rationale: The request for left knee arthroscopy and medial meniscectomy is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is not necessary.