MAXIMUS Federal Services

Case Number:	CM14-0032111		
Date Assigned:	06/20/2014	Date of Injury:	12/10/2004
Decision Date:	08/06/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/14/2014

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 claimant is a 55-year-old male construction worker injured December 10, 2014, in a slip-and-fall accident. According to the records available for review, the claimant underwent left knee arthroscopy on April 26, 2013, and has been diagnosed with a recurrent left knee medial meniscus tear. An magnetic resonance imaging (MRI) scan dated November 3, 2012, showed thin cartilage of the medial femoral condyle and medial tibial plateau, causing narrowing of the joint space. The scan further showed peripheral subluxation of the medial meniscus, consistent with a tear, and a focal increased signal on the posterior horn of the medial meniscus, likely reflecting internal degeneration, though a tear was not ruled out. Knee joint effusion was noted. The MRI scan also showed degenerative marginal osteophyte of the posterior-superior aspect of the patella. Upon follow-up visit on December 11, 2013, the claimant reported complaints of pain in both knees and the left shoulder. The notes from that office visit do not reference objective findings related to the left knee. The reviewed records document that the claimant is not a candidate for treatment with Naproxen due to an allergy; there is no documentation of other conservative treatment. Surgical intervention was recommended. A utilization review determination dated February 20, 2014, denied the request due to lack of documented abnormal physical examination findings establishing medical necessity for surgery. This request is for a left knee arthroscopy with meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with menisectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: Based on California ACOEM Guidelines, the request for left knee arthroscopy and meniscectomy cannot be supported as medically indicated. ACOEM Guidelines criteria suggest that there should be failure of conservative care before consideration can be given to surgical intervention. This conservative care should include formal physical therapy, anti-inflammatory medication, and a home exercise program and/or an intra-articular cortisone injection. The reviewed records in this case do not document conservative treatment. In addition, the records do not reference activity limitations, vocational limitation or effects of the pain on activities of daily living - factors that are typically considered in the recommendation for surgery. There is also no documentation of recent physical findings on examination to support the need for surgery. Without a course of conservative care, documented effect on functional capacity or abnormal objective findings, this request would not be established as medically necessary.