

Case Number:	CM14-0033166		
Date Assigned:	06/20/2014	Date of Injury:	10/28/2010
Decision Date:	07/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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:

A 56 y/o male that underwent right knee arthroscopy, partial medial meniscectomy, medial femoral condyle chondroplasty, plica excision in 2011. He has gone on to experience recurrent pain. I was not able to find documentation of recurrent medial joint line pain or a McMurrays test which would indicate ongoing pain secondary to a meniscal tear. Repeat MRI noncontrast in May 2014 demonstrated mild osteoarthritic changes and postsurgical changes to medial meniscus without frank tear. The included records did not demonstrate that this patient had undergone any conservative treatments for his recurrent right knee pain. Claim has been submitted for repeat arthroscopy right knee, partial medial meniscectomy, and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial medial meniscectomy and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340, 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery- Meniscectomy & Chondroplasty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy.

Decision rationale: According to the ACOEM guidelines, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-- symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. According to the medical records provided for review, the patient has history of prior right knee arthroscopy with chondroplasty in 2/2011, and there was no meniscal tear noted on arthroscopy. Reportedly an MRI later showed possible meniscal tearing. However, the medical records do not provide the MRI for review. In addition, the 2/17/2014 medical report continues to document increased 0-130 degrees ROM and near full 4+/5 quadriceps strength. The patient has minimal findings on examination and no clear functional deficits, and with the absence of significant pathology revealed on confirmed diagnostic studies, the medical necessity of the proposed surgery has not been established. According to the medical records, the patient has improved with physical therapy. It is appropriate, given the minimal objective findings, that the patient should be encouraged to follow a routine HEP with activity modification and application of palliative measures, as needed to maintain and improve functional gains.

Assistant surgeon: 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, Assistant Surgeon.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 sessions of post-op physical therapy (2x6): Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hinged knee brace: 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 Knee), Knee brace.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post- op Vicodin 5/300 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), Opioids page(s) 51, 74-96 Page(s): 51, 74-96.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A purchase of a cold therapy unit: 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) Knee and Leg, Cold/heat packs; Continuous-flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.