

Case Number:	CM14-0033657		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2008
Decision Date:	08/05/2014	UR Denial Date:	03/13/2014
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:

The injured worker is a 48-year-old male who reported an injury on 04/16/2008. The mechanism of injury was not stated. The current diagnoses include cervical chronic sprain/strain, thoracic chronic sprain/strain, sprain/strain of the lumbar spine, bilateral elbow pain, bilateral wrist post-traumatic arthrosis of the radial ulnar joint, status post trigger finger release bilaterally, hip pain, bilateral chronic medial meniscus tear and chondromalacia patella, bilateral foot pain, stress/depression, insomnia, left long finger limitation of motion, gastroesophageal reflux disease, and status post left knee arthroscopic subtotal medial meniscectomy on 08/30/2013. The injured worker was evaluated on 12/05/2013 with complaints of right knee pain. The current medications include Norco 10/325 mg, Xanax 1 mg, and Naprosyn 550 mg. Physical examination of the right knee revealed an antalgic gait, 50% ability to squat, 0 to 90 degrees extension and flexion, 3+ medial joint line tenderness, positive spring testing, and positive McMurray's testing. Treatment recommendations at that time included arthroscopic surgery for the right knee to correct a right knee medial meniscus tear confirmed on an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. As per the documentation submitted for this review, the injured worker has been previously treated with anti-inflammatory medications, topical creams, and opioid medications. However, there is no evidence of an exhaustion of conservative treatment to include exercise therapy. The injured worker's physical examination does reveal limited range of motion, an antalgic gait, and positive McMurray's testing. However, there were no imaging studies provided for this review. Based on the clinical information received, the medical necessity for the requested procedure (Right knee arthroscopy) has not been established.

Home health care for 4 weeks, 7 days per week, 8 hours per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for home health services is also not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Knee & Leg Chapter- Office visits.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request for follow up visit is also not medically necessary.