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| Case Number: | CM14-0034574 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/17/2013 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 03/04/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 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 36-year-old gentleman who sustained a left knee injury in a July 17, 2013, in a work-related accident. Clinical records available for review include a March 6, 2014, progress report that documents ongoing complaints of knee pain and failed conservative measures. Physical examination findings showed a normal gait, positive McMurray's testing, no effusion and no tenderness to palpation. The records contain no documentation of reports of pain film X-rays or imaging. The claimant is diagnosed with a chronic tear to the posterior horn of the medial meniscus. This review request is for: knee arthroscopy and partial meniscectomy; a surgical assistant; and six sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee A-Scope, Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Surgical Considerations, Evaluating and Managing Knee complaints. Pages 1021-1022.

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

Decision rationale: According to California MTUS ACOEM Guidelines, knee arthroscopy and meniscectomy would not be indicated in this case. The reviewed records note that the claimant has chronic tearing of the meniscus. However, the records contain no documentation of either reports of plain film radiographs or MRI imaging. Absent documentation of meniscal pathology and underlying cartilage injury, the requested surgical intervention would not be supported as medically necessary.

Surgical Assistant: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition.

Decision rationale: The requested surgical procedure is not indicated as medically necessary in this case. Therefore, the request for a surgical assistant is not medically necessary.

Post-operative Physical Therapy, 6 sessions: 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.

Decision rationale: The requested surgical procedure is not indicated as medically necessary in this case. Therefore, the request for six sessions of post-operative physical therapy is not medically necessary.