

Case Number:	CM14-0035762		
Date Assigned:	06/23/2014	Date of Injury:	03/26/2013
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Orthopaedic 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:

This 53-year-old female vocational nurse sustained a industrial injury on 3/26/13, assisting a resident to use a bed pan. She reported immediate sharp pain and a burning sensation in her left knee. Records indicate the patient was status post left knee arthroscopy. X-rays documented mild left knee degenerative joint disease. She was diagnosed with an internal derangement. The 12/12/13 MRI documented findings consistent with tear in the posterior superior margin of the medial meniscus with hypertrophic changes seen at the distal femur and proximal tibia. The 12/12/13 MR arthrogram documented evidence of prior medial meniscus surgery. A medial meniscus tear could not be excluded. The 12/27/13 treating physician progress report cited limited endurance for standing and walking. Left knee exam findings documented limited extension at -3 degrees, flexion 115 degrees, positive McMurray's, positive Apley's, and positive chondromalacia compression test. Conservative treatment was reported to have included anti-inflammatories, pain medications, activity modification, physiotherapy, and steroid intra-articular injection. The treatment plan recommended use of a cane, a pull-on brace for support, TENS unit, home exercise kit, medication refills, and left knee arthroscopy with partial medial meniscectomy and synovectomy. The 2/25/14 utilization review denied the 2/20/14 request for left knee surgery and associated services as there was not enough documentation of subjective and objective findings of symptomatic meniscal pathology and failure of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Out Patient Surgical Clearance: 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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the request for left knee arthroscopy with partial medial meniscectomy and synovectomy is not medically necessary, the request for out-patient surgical clearance is also not medically necessary.

Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Low Back-Lumbar & Thoracic (Acute & Chronic).

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, Knee brace.

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

Knee Arthroscopy with partial Medial Meniscectomy and Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Knee & Leg (Acute & Chronic).

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, Meniscectomy.

Decision rationale: Under consideration is a request for left knee arthroscopy with partial medial meniscectomy and synovectomy. The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend meniscectomy for symptomatic tears for younger patients and for traumatic tears. Surgical indications include completion of supervised physical therapy and home exercise and medications or activity modification. Criteria include subjective clinical findings of joint pain, swelling, feeling of give way, or locking, clicking and popping. Objective findings of positive McMurray's, joint line tenderness, effusion, limited range of motion, or locking, clicking or popping are required. Imaging evidence of meniscal tear on MRI is required. Guideline criteria have not been met. There is limited evidence of symptomatic meniscal pathology consistent with guideline criteria. There is no clear documentation that comprehensive conservative treatment

has been completed and has failed. Therefore, this request for left knee arthroscopy with partial medial meniscectomy and synovectomy is not medically necessary.

Post Operative Physical Therapy: 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.