

Case Number:	CM14-0067726		
Date Assigned:	07/11/2014	Date of Injury:	10/16/2009
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 42-year-old male who reported an injury on 10/16/2009 due to cumulative trauma while performing on the job duties. The injured worker reportedly sustained an injury to his left knee. The injured worker underwent an MRI of the left knee dated 02/11/2010 that documented there was a small tear of the posterior horn of the medial meniscus and evidence of a possible tear at the intercondylar notch at the insertional site of the anterior cruciate. The injured worker underwent a course of physical therapy. The injured worker was evaluated on 03/04/2014. It was noted that the injured worker had a history significant of knee surgery and shoulder surgery without any postoperative physical therapy. The injured worker was evaluated by physical therapy on 04/18/2014. It was documented that the injured worker was using a home TENS unit, however complained of left and right knee pain. It appears that the physical therapy was directed towards the shoulder, therefore no recent clinical documentation evaluating the knee was submitted for review. The request for authorization for left knee diagnostic arthroscopy and surgery was made on 04/16/2014, however there was no documentation to justify the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Diagnostic Arthroscopy and Surgery and Tissue Repair and Debridement
Meniscus: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested left knee diagnostic arthroscopy in surgery and tissue repair and debridement of the meniscus is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for knee injuries be based on clear clinical examination findings corroborated by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has bilateral knee pain. There is an imaging study that identifies a meniscal injury and possible anterior cruciate ligament injury. However, there is no recent clinical evaluation to support the need for surgical intervention. Additionally there is no documentation of any recent conservative treatment applied to the knee. Therefore, surgical intervention would not be indicated at this time. As such, the requested left knee diagnostic arthroscopy and surgery and tissue repair and debridement of the meniscus is not medically necessary or appropriate.

Post-Operative Physical Therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

Knee Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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

Cold Therapy Unit Rental x 30 days purchase if effective: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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

Pain Pump Purchase: Upheld

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

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

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

Anterior Cruciate Ligament as indicated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines - Indications for Surgery -- Anterior cruciate ligament (ACL) reconstruction <http://www.bmj.com/content/346/bmj>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested left knee diagnostic arthroscopy in surgery and tissue repair and debridement of the meniscus is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for anterior cruciate ligament repair be based on clear clinical examination findings corroborated by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has bilateral knee pain. There is an imaging study that identifies a meniscal injury and possible anterior cruciate ligament injury. However, there is no recent clinical evaluation to support the need for surgical intervention. Additionally there is no documentation of any recent conservative treatment applied to the knee. Therefore, surgical intervention would not be indicated at this time. As such, the requested left knee diagnostic arthroscopy and surgery and tissue repair and debridement of the meniscus is not medically necessary or appropriate.