

Case Number:	CM14-0067870		
Date Assigned:	07/11/2014	Date of Injury:	10/02/2012
Decision Date:	09/11/2014	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 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 is a 43-year-old male who sustained a vocational injury on 10/02/12 while working as a delivery route driver when he knelt down in a grocery store while stocking. X-rays of the left knee from 02/21/14 were unremarkable. The claimant is noted to have a previous right knee partial meniscectomy in 2011. MRI was performed on 03/06/13 which showed complex medial meniscal tear involving the mid and posterior segments. Degenerative arthritis of the medial compartment was also noted. Most recent office note available for review from 04/09/14 noted that the claimant complained of neck, upper back, bilateral shoulder, and bilateral knee pain. He also reported pain to the bilateral ankles and feet. Examination of the right knee demonstrated tenderness to palpation mildly over the medial joint line and over the lateral joint line. There was crepitus of the right knee. The claimant was given a diagnosis of right knee complex medial meniscus tear. Conservative treatment to date includes medications, a home exercise program, formal physical therapy, and acupuncture. The current request is for a right knee arthroscopic medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Laboratory Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

7 Days Rental of Cold Therapy Unit:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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

12 Postoperative Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Right Knee Arthroscopic Medial Meniscectomy: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg chapter, Indications for Surgery -- Meniscectomy.

Decision rationale: The California MTUS ACOEM guidelines have been referenced. California MTUS ACOEM guidelines noted that there should be clear signs of a bucket handle tear on examination which could include tenderness over the suspected tear but not over the entire joint line, perhaps lack of full passive flexion, and consistent findings on MRI. Official Disability Guidelines have also been referenced due to the specificity of the request and note that there should be subjective complaints of joint pain, or swelling, or feelings of giving way, or locking, clicking, or popping, plus at least two abnormal physical exam objective clinical findings which could include positive McMurray sign, joint line tenderness, effusion, limited range of motion, locking, clicking, or popping, or crepitus. Currently the most recent office note available for

review fails to establish that the claimant has significant subjective complaints and corroborating abnormal physical exam objective findings establishing the medical necessity of the requested procedure. Furthermore, based on the documentation presented for review and in accordance with California MTUS ACOEM and Official Disability Guidelines, the request for the right knee arthroscopic medial meniscectomy cannot be considered medically necessary.