

Case Number:	CM14-0070231		
Date Assigned:	07/14/2014	Date of Injury:	09/18/2013
Decision Date:	08/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 60-year-old male who was injured on September 18, 2013, when he tripped and fell while working as a fork lift driver. The records available for review document a diagnosis of left knee medial meniscus tear; no prior relevant surgeries are referenced. The report of a plain film radiograph of the left knee taken on September 18, 2013, identified no acute fractures and tiny spurs in the superior infrapatella. The report of a January 7, 2014, MRI of the left knee showed a complex tear of the posterior horn of the medial meniscus. At an April 16, 2014, office visit, the claimant reported recurrent left knee symptoms. On physical examination, range of motion was noted to be 0 to 125 degrees. Examination findings included medial joint line tenderness and a positive medial McMurray's sign for meniscus pathology. No instability was noted. Conservative treatment has included formal physical therapy, medications and activity modification. This request is for a left knee arthroscopy with partial medial meniscus RFX, post-operative physical therapy, the post-operative use of a cold therapy unit, and pre-operative medical clearance and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY, PARTIAL MEDIAL MENISCUS, RFX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California ACOEM Guidelines do not support the request for left knee arthroscopy, partial medial meniscectomy RFX. ACOEM Guidelines state that claimants without progressive or severe activity limitations should be encouraged to live with symptoms to retain the protective effect of the meniscus. In this case, the records document no activity, vocational or functional limitations attributable to the claimant's knee pain. Therefore, this request would not be indicated. While the acronym "RFX" is used in the request, it is not clear what's meant by the reference or if it would be relevant to this recommendation.

POST OP PHYSICAL THERAPY (LEFT KNEE): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLD THERAPY UNIT (RENTAL OR PURCHASE): 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 Official Disability Guidelines (ODG); Knee & Leg chapter - Continuous Cold therapy.

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

PRE-OP MEDICAL CLEARANCE/LABS/EKG/CHEST X-RAY: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examination and Consultations; pg 127.

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