

Case Number:	CM14-0072176		
Date Assigned:	07/16/2014	Date of Injury:	09/23/2012
Decision Date:	08/13/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 Surgeon and is licensed to practice in Texas and Colorado. 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 49-year-old female who reported an injury on 09/23/2012. The mechanism of injury involved heavy lifting. Current diagnoses include knee degenerative osteoarthritis, joint derangement, shoulder joint derangement, joint pain in the shoulder, joint pain in the leg, knee joint crepitus, and lumbosacral disc degeneration. The injured worker was evaluated on 03/18/2014. Previous conservative treatment for the right knee includes physical therapy and Orthovisc injections. The injured worker reported constant pain in the right knee with activity limitation. Physical examination revealed 2+ effusion, 1+ atrophy, tenderness at the medial and lateral joint line, 1+ subpatellar crepitance, and limited range of motion. Treatment recommendations at that time included physical therapy for the right knee and a hinged knee brace. It is noted that the injured worker underwent an MRI of the right knee on 11/21/2013, which indicated status post partial medial meniscectomy, severe degenerative loss of articular cartilage of the medial joint compartment, subchondral edema and medial osteophytosis, and attenuation of the medial patellar retinaculum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Meniscus/Cartilage Surgery, Patellofemoral Surgery and Subchondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 343.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. As per the documentation submitted, the injured worker's MRI of the right knee on 11/21/2013 did not indicate any evidence of a recurrent tear of the meniscus. It was also noted that the injured worker was no longer interested in surgical intervention for the right knee. Based on the clinical information received, the request is not medically necessary.

Pre-Op (Labs, x-rays and EKG): 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.

Post-Op DME Knee Brace: 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.

Post -Op Cold Therapy Unit: 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.

PT x 12: 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.