

Case Number:	CM14-0073640		
Date Assigned:	07/16/2014	Date of Injury:	12/11/2008
Decision Date:	11/05/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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:

60 year old female claimant with an industrial injury dated 12/11/08. The patient is status post a left L5-S1 ESI. Exam note 08/20/13 states the patient returns with low back pain and muscle spasms. The patient rates the pain a 7-8/10, and mentions that the procedure has improved her functioning slightly. The patient also complains of right knee pain and states that the knee buckles. The pain is over the anterior portion of her knee cap and medial side. The patient has difficulty walking up stairs and needs to walk sideways. There is swelling around the right knee. The patient is status post an injection in which did aid in pain relief briefly. Upon physical exam there was tenderness to palpation over the medial joint line and patella. The right knee had no erythema tenderness along the medial joint line. There was pain with extension and the patient cannot deep knee bend. There was no swelling surrounding the left knee but there was pain to palpation along the medial joint line. Exam note 6/13/14 demonstrates report of right knee pain. Radiographs of the knee from 5/30/14 demonstrate bone on bone arthritis. MRI right knee demonstrates on 2/28/14 extensive lateral compartment osteoarthrosis with significant cartilage loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Meniscectomy with Synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 2/28/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." As the patient has significant osteoarthritis the determination is for non-medical necessity for the requested knee arthroscopy.

Postoperative Physical Therapy 2 x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Polar Care Unit, 30 day Rental, Post-Operative: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.