

Case Number:	CM14-0096783		
Date Assigned:	07/28/2014	Date of Injury:	02/16/2010
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/25/2014

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 Pennsylvania. 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 47-year-old gentleman who injured his right knee in work related accident 02/16/10. The records provided for review include a 05/14/14 follow up report noting continued complaints of pain in the right knee. The report documented that the claimant is status post a 2010 arthroscopy and meniscectomy and describes residual pain with stiffness. Physical examination showed full range of motion with no instability, tenderness about the medial joint line, and an equivocal McMurray's test. The report of a 2014 MRI scan revealed irregularity at the ACL suggestive of partial tearing with absence of the medial meniscus consistent with prior resection. There was no indication of acute tearing. There was underlying Grade II patellofemoral change. Based on failed conservative care, right knee medial meniscectomy was recommended for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy W/ with Meniscectomy and Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: Based on California ACOEM Guidelines, the request for Right Knee Arthroscopy with Meniscectomy and Chondroplasty cannot be recommended as medically necessary. The imaging report and clinical presentation is not consistent with acute meniscal pathology. The report of the MRI fails to demonstrate meniscal tearing. Examination, while suggestive of medial joint line tenderness, did not indicate mechanical findings. Without clear delineation of examination findings with imaging, the acute need of an arthroscopy and meniscectomy would not be supported.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Centers for Medicare & Medicaid Services (CMS) <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Milliman Care Guidelines 18th edition: Assistant Surgeon Assistant Surgeon Guidelines.

Decision rationale: The request for Right Knee Arthroscopy with Meniscectomy and Chondroplasty cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon is also not indicated.

Post Op Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for Right Knee Arthroscopy with Meniscectomy and Chondroplasty cannot be recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.

Water Circulating Cold Pad with Pump: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder Chapter.

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

Decision rationale: The request for Right Knee Arthroscopy with Meniscectomy and Chondroplasty cannot be recommended as medically necessary. Therefore, the request for postoperative use of a cryotherapy pump is also not medically necessary.

