

Case Number:	CM14-0195715		
Date Assigned:	12/03/2014	Date of Injury:	08/03/2013
Decision Date:	01/20/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Medicine and is licensed to practice in New Jersey & New York. 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 34 year-old male who was injured on 8/3/13 when he bent over to pick up something and his right knee popped and he was unable to bear weight on his right leg. He complained of knee pain. On exam, he had right knee swelling and tenderness and decreased range of motion, but no instability, subluxation, crepitus, or laxity. A 9/2013 right knee MRI showed degenerative changes, diffuse chronic high-grade tearing of anterior cruciate ligament, complex degenerative tear of the posterior horn and body of the lateral meniscus with mild lateral meniscal extrusion, mild fraying of the free edge of the posterior horn/root junction and body of the medial meniscus secondary to mild non-displaced degenerative tearing, high-grade cartilage loss within the lateral compartment of the knee and mild partial-thickness cartilage loss along the femoral trochlea, and tricompartmental osteophyte formation. He was diagnosed with medial meniscus derangement, anterior cruciate ligament tear of right knee, and degenerative arthritis of right knee. As per the chart, by 8/2014, the patient had not had physical therapy and was just treated with medications such as Diclofenac and Prilosec. The current requests are for a referral to orthopedic surgery for arthroscopy, partial meniscectomy, and redo anterior cruciate reconstruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

Decision rationale: The request for an orthopedic surgeon is not medically necessary at this time. According to MTUS guidelines, referral may be indicated if there is "activity limitation for more than one month, failure of exercise programs to increase range of motion and strength of the musculature around the knee," or those that may need drainage of acute effusions or hematomas. "Referral for repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk." As per the chart, the patient had not had physical therapy yet and was just treated with medications. Therefore, a full trial of conservative therapy is warranted before referral for surgical intervention. The request is considered not medically necessary at this time.