

Case Number:	CM14-0208423		
Date Assigned:	12/19/2014	Date of Injury:	11/22/2013
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, California
 Certification(s)/Specialty: Orthopedic Surgery

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 36-year-old male who reported an injury on 11/22/2013. The mechanism of injury was due to repetitive lifting of his customary job duties. The injured worker has diagnoses of status post arthroscopy synovectomy and meniscectomy to the left knee, and left knee synovitis. Past medical treatment consists of surgery, physical therapy, and medication therapy. On 10/10/2014, the injured worker underwent an MR Arthrogram of the left knee, which revealed interval partial meniscectomy, undersurface defect in the posterior horn and body of the medial meniscus, with identical distribution to the undersurface FLAP tear, and minimal degenerative change of the medial compartment. On 12/9/2014, the injured worker complained of left knee pain. It was stated that there was pain with squatting, twisting, and occasional buckling. With prolonged walking and standing, pain was increased. Physical exam noted that the left knee had zero effusion. There was pain with range of motion. Collaterals were stable. Lachman's was negative. Varus alignment was positive. The medical treatment plan is for the injured worker to continue with therapy and be provided a brace. The submitted request is for a left knee arthroscopy, possible medial meniscectomy. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy possible medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for left knee arthroscopy, possible medial meniscectomy, is not medically necessary. The CA MTUS/ACOEM Guidelines state arthroscopic meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear. The guidelines also state that there should be clear signs of a bucket handle tear on examination, and consistent findings on MRI. However, patients suspected of having a meniscal tear without progressive or severe activity limitations can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopic meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The submitted documentation indicated that the injured worker underwent arthroscopy meniscectomy to the left knee in 03/2014. Examination did not note any locking, popping, giving way, or recurrent effusion. There was no MRI submitted for review indicating a diagnosis congruent with the above guidelines. Additionally, on examination there was no evidence of tenderness over the suspected tear or over the joint line. Physical examination lacked evidence of range of motion, motor strength, and/or sensory deficits. Furthermore, it is unclear how the provider feels additional arthroscopy to the left knee would be beneficial to the injured worker. Given the above, medical necessity cannot be established. As such, the request is not medically necessary.

12 sessions of post op physical therapy: Upheld

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

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.

Cold therapy unit x 7 days: 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), AJSM 2004, pages 251-261

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.