

Case Number:	CM14-0209903		
Date Assigned:	12/22/2014	Date of Injury:	05/29/2014
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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: 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:

48 year old female claimant with an industrial injury dated 05/29/14. Exam note 11/25/14 states the patient returns with left knee pain. Upon physical exam the patient demonstrated a decreased range of motion. The left knee demonstrated a flexion of 110/135, and an extension of 140/180. Exam McMurray's was noted to be positive and the Anterior drawer test was revealed as negative. Diagnosis is noted as internal derangement of the left knee, sprain/strain of the left thigh, muscle spasms of the left hip/knee/calf, radiculopathy of the left lower extremities, sciatica, myalgia/myositis, and paresthesia of the left lower extremities. Conservative treatments include oral NSAID, Narcotic medications, a brace, crutches, physical therapy and a cortisone injection with little benefit. Treatment includes a left knee arthroscopy with medial meniscectomy and a hinged knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Arthroscopy with Medical Meniscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

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).According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 11/25/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for non-certification.

Retro Hinge Knee Brace DOS: 11/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338; 340. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) - Treatment in Workers Compensation (TWC), Braces, <http://www.odg-twc.com/odgtwc/knee.him>)

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.