

Case Number:	CM14-0020287		
Date Assigned:	05/05/2014	Date of Injury:	06/22/2012
Decision Date:	03/12/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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:

This injured worker is a 60 year old male who sustained a work related injury on June 22, 2012. The injury occurred when he jumped from his truck to prevent his load from falling. He sustained an injury to the left knee, left hip and low back. An MRI of the left knee dated August 28, 2012 noted a complex tear of the body and posterior horn of the medial meniscus, severe chondromalacia of the patella and a trace joint effusion. The injured worker underwent a left knee arthroscopy with partial meniscectomy on November 5, 2012. A physicians report dated December 20, 2013 notes that the injured worker presented with complaints of left knee weakness, swelling, stiffness and pain. He also reported low back stiffness and pain with spasms. Physical examination of the left knee revealed tenderness over the medial and lateral joint line. The McMurray test and Apley test were positive and were noted to be painful. Neuromuscular examination was normal. A painful varus stress test was noted and showed a moderate opening with the varus test at the lateral compartment. Muscle strength and flexion of the left knee was decreased. Examination of the lumbar spine revealed tenderness and limited range of motion due to pain and spasms. Left hip examination showed tenderness over the greater trochanter and mild pain with range of motion. Diagnoses include disc disorder of the lumbar spine, lumbago, lumbar sprain, enthesopathy of the hip, left knee meniscus tear and chondromalacia patellae. Work status is light duty. The treating physician requested a left knee arthroscopy and debridement and an assistant surgeon. Utilization Review evaluated and denied the requested on January 17, 2014. Based on the MTUS Guidelines on Knee Complaints and ACOEM Occupational Medicine Practice Guidelines the medical necessity of the requests were

not established. The injured worker does not have documented medical and lateral meniscal tears to support the request for a left knee arthroscopy and debridement. Therefore, the request is non-certified. The request for a surgical assistant is also non-certified due to the denial of the requested surgical procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020-1021.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation 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 12/20/13 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore the determination is for non-certification.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>

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