

Case Number:	CM14-0213580		
Date Assigned:	12/31/2014	Date of Injury:	06/20/2014
Decision Date:	04/01/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/20/2014

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 35 year old man sustained an industrial injury on 6/20/2014 to his left knee when he was pulling a cart off a truck and fell and twisted his left knee. Evaluations include an MRI dated 8/18/2014 showing a meniscus tear and ACL sprain. Treatment has included oral medications. Physician notes dated 11/11/2014 show the worker ambulating with a slight limp. There is no pain scale rating and only a short physical assessment. The recommendation was for arthroscopy of the left knee. On 11/24/2104, Utilization Review evaluated prescriptions for left knee arthroscopy with partial medial meniscectomy and partial lateral meniscectomy, debridement/chondroplasty; post-operative physical therapy, two sessions per week for four weeks, to the left knee; mobileggs x2, right and left; deep vein thrombosis prophylaxis with intermittent limb therapy hot/cold compression and wrap x30 days; that were submitted on 12/15/2014. The UR physician noted that criteria have not been met as evidence of weeks to months trial of non-operative treatment trial and fail has not been submitted. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with partial meniscectomy and partial lateral meniscectomy, debridement/chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 11/11/14 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.

Post-op Physical Therapy 2x4 for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Mobilegls crutches x2 for the right and left knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids.

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

DVT prophylaxis with intermittent limb therapy hot/cold compression and wrap x30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg, Compression Garments.

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