

Case Number:	CM14-0048390		
Date Assigned:	06/25/2014	Date of Injury:	03/08/2003
Decision Date:	03/05/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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, Sports Medicine

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 49-year-old male who reported an injury on 03/08/2003. The mechanism of injury was due to, while at work lifting a large piece of sheet metal weighing about 350 pounds, he felt a sharp, stabbing pain in his lower back. Past medical treatments consisted of physical therapy, surgery, postoperative physical therapy, trigger point injections, and medication therapy. Medications were not submitted for review. An MRI of the left knee demonstrated a complex tear of the posterior to mid-horn of the medial meniscus. On 02/18/2014, the injured worker complained of continuous pain in the lumbar spine with radiation to the left buttocks and left lower extremity. The injured worker also complained of continuous left knee pain with radiation to the entire left lower extremity. The pain was associated with swelling, giving way, weakness, and buckling. He described and characterized the pain as burning, stabbing, and sharp. There was limited range of motion on physical examination in the left knee. Pain was increased with prolonged standing, walking, repetitive bending, and sitting. Physical examination of the left knee revealed that there was a deformity or spasm, malalignment, swelling or ecchymosis, and atrophy. Range of motion of the left knee was 0 on extension and 125 on flexion. Lachman's, anterior drawer test, pivot shift test, and posterior drawer tests were negative. Lateral medial collateral laxity, lateral collateral laxity, posterior lateral test, and excessive external rotation were negative. Medial collateral tenderness and lateral collateral tenderness were absent. There was medial joint line tenderness. A McMurray's test was positive. Reflexes were 2+. The medical treatment plan was for the injured worker to

undergo left knee arthroscopic meniscectomy, debridement, and synovectomy. The 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 Arthroscopic meniscectomy, debridement and synovectomy: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy.

Decision rationale: The request for a left knee arthroscopic meniscectomy, debridement, and synovectomy is not medically necessary. The Official Disability Guidelines indicate for meniscectomy, there should be failed conservative treatment to include exercise/physical therapy; subjective clinical findings of joint pain, swelling, feeling of give way, locking, clicking, or popping; additionally, there should be objective clinical findings of positive McMurray's sign, joint line tenderness, effusion, and/or limited range of motion. Furthermore, the guidelines indicate that there should be imaging findings which reveal meniscal tear on MRI. It was noted on physical examination that the injured worker had feeling of give way and a positive McMurray's sign. It was also indicated that the injured worker had undergone physical therapy; however, it is unclear whether physical therapy was for the shoulders or for the knee. Additionally, there were no MRIs or imaging studies submitted for review indicating meniscal tear. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Thermacooler unit rental times 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule

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.

Post-operative Physical Therapy sessions # 12: Upheld

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

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.