

Case Number:	CM15-0000665		
Date Assigned:	01/12/2015	Date of Injury:	07/06/2012
Decision Date:	03/31/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/02/2015

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: Illinois, California, Texas
 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 44-year-old who sustained an industrial injury on 07/06/12. The 2/12/14 left knee MRI impression documented joint effusion, minimal marrow edema medial femoral condyle. Findings documented evidence of a small radial tear of the posterior medial meniscus, as well as some grade II signal changes along the horn of the medial meniscus. Conservative treatment included medications, activity modification, physical therapy, aquatic therapy, H-wave use, and ice application. The 11/24/14 treating physician report cited severe left knee pain with increased locking and popping in her knee. Physical exam documented range of motion 0-135 degrees, joint line tenderness, and pain with McMurray's test. The diagnosis was knee pain secondary to meniscal tear. The treatment plan recommended left knee arthroscopy partial meniscectomy and medical clearance. The 12/15/14 utilization review certified the request for left knee surgery but non-certified the request for medical clearance as there was no documentation of significant medical conditions or risk factors. MTUS and Official Disability Guidelines do not address pre-operative medical clearance. Non-MTUS Guidelines were used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol. Health Care Protocol. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request is medically necessary.