MAXIMUS Federal Services

Case Number:	CM15-0004640		
Date Assigned:	01/13/2015	Date of Injury:	04/01/2009
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: 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 53-year-old female who reported an injury on 04/01/2009. The mechanism of injury was not specifically stated. The current diagnoses include sprain/strain of the cervical spine, sprain/strain of the thoracic spine, sprain/strain of the lumbar spine, status post right rotator cuff repair, right arm mass, medial humeral epicondylitis on the right, right wrist tendinitis, status post total knee replacement surgery in 2012, sprain/strain of the left knee, insomnia, history of helicobacter pylori infection, and depression with anxiety. The latest physician progress report submitted for review is documented on 09/26/2014. The injured worker presented with multiple complaints of pain, headaches, depression, and difficulty sleeping. Upon examination of the left knee, there was negative instability and full active range of motion. Recommendations included continuation of the current medication regimen of Omeprazole 20 mg and naproxen 500 mg. It is noted that the injured worker underwent an MR arthrogram of the left knee on 06/02/2014, which revealed medial meniscus tears, anterior and posterior horns, posterior body; apical blunting, anterior meniscal body.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic with partial medial meniscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. There was no documentation of a significant functional limitation upon examination. There was no comprehensive physical examination of the left knee submitted by the requesting physician/orthopedic surgeon. There is also no documentation of a recent attempt at any conservative treatment for the left knee. Given the above, the request is not medically appropriate at this time.