

Case Number:	CM15-0007410		
Date Assigned:	01/22/2015	Date of Injury:	11/14/2014
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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 62-year-old male who reported an injury on 11/14/2014 due to an unspecified mechanism of injury. An MRI of the left knee dated 12/08/2014 showed mild osteophytes along the medial and lateral joint line; degenerative joint narrowing on both sides; diffuse degenerative scuffing or irregularity over the superior, but especially inferior, articular margin of the medial meniscus with potential for undersurface tears; loss majority of the body to the posterior horn of the lateral meniscus; and diffuse chondral disease with irregular thinning over both femoral condyles and lateral tibial plateau. On 12/19/2014, he presented for a followup evaluation. He reported diffuse swelling and warmth. It was stated that these were postoperative changes from the left knee. There was tenderness to palpation present over the medial joint line, lateral joint line, peripatellar region, and medial synovial plica band. Patellofemoral crepitus was present and patellofemoral compression and grind tests were positive bilaterally. McMurray's test elicited pain in the medial joint line. There was no laxity and range of motion measured at flexion 108 degrees and extension at 3 degrees. He had 4/5 muscle weakness in flexion and extension and he ambulated with a limp, favoring the left lower extremity. He was diagnosed with left knee sprain/patellofemoral arthralgia with findings of postoperative changes. The treatment plan was for a left knee arthroscopic medial and lateral meniscectomy and removal of loose bodies with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic medial/lateral meniscectomies, removal of loose bodies QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: The California ACOEM Guidelines indicate that surgical consultations may be indicated for those who have activity limitations for more than 1 month and who fail exercise programs to increase range of motion and strength around the musculature of the knee. There should also be documentation showing a positive deficit in the knee. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left knee. However, there was a lack of documentation indicating that he has tried and failed all recommended conservative treatments, such as injections, to support the requested intervention. Also, the request for a meniscectomy would not be supported as there is no clear evidence that the injured worker has a meniscal tear on him imaging study. Therefore, the request is not supported. As such, the request is not medically necessary.

Pre-op clearance QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

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-op Physical therapy (visits) QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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.

Post-op crutches QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 340.

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.

Associated surgical service: Cold therapy unit QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 38.

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.