

Case Number:	CM15-0008960		
Date Assigned:	01/27/2015	Date of Injury:	11/20/2014
Decision Date:	04/02/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York

Certification(s)/Specialty: Neurological 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 47 year old male driver twisted his right knee lifting 15 gallon chlorine carboys on 20 November 2014. Past medical history included injuring the same right knee three years earlier which was treated and he was released to work. Physical exam on the day of injury showed no effusion but tenderness along the right lateral joint line. Anterior and posterior drawer signs were negative as was McMurray's test. He has reported pain in the right knee and has been diagnosed with internal derangement, right knee. Treatment to date has included medical imaging, rest, and medications. Currently the injured worker complains of pain in the medial aspect of the right knee that is made worse with activity. The treatment plan included surgery and postoperative care. The PR2 of 12/09/2014 showed no knee weakness, or edema, locking or clicking but McMurray's test was positive. On 12/10/2014 he had a MRI scan of his right knee which showed a normal lateral meniscus but a probable tear in the posterior and body of the medial meniscus. On December 31, 2014 Utilization Review non certified right knee arthroscopic evaluation, right knee arthroscopy, probably partial medial menicectomy, post-op physical therapy, right knee, pre-op clearance/labs, and crutches citing MTUS, ACOEM, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th edition, 2007, Knee-Menisectomy.

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

Decision rationale: The ODG guidelines recommend diagnostic arthroscopy if the imaging is inconclusive. However, the MRI scan shows the tear in the medial meniscus and the normal lateral meniscus. In that the initial physical exam after the patient's incident of feeling his knee pain twisting his knee was along the lateral joint line, then clinically one would have expected the lateral meniscus to have the tear. The ODG guidelines indicate arthroscopy is recommended if there are functional limitations but the worker does not have weakness, swelling, locking or clicking in the knee. Documentation does not describe details of a home exercise program which would be recommended. Thus the requested treatment: right knee arthroscopic evaluation is not medically necessary and appropriate.

Right knee arthroscopy, probably partial medial meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th edition, 2007, Knee-Menisectomy.

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

Decision rationale: The ODG guidelines recommend meniscectomy for symptomatic traumatic tears in younger patients under 35. This patient is 46. The guidelines indicate that if the patient has been compliant in the home rehab exercise program and is still symptomatic then meniscectomy can be considered if there is also swelling, locking, clicking or popping or crepitus. The patient has not had locking or clicking or popping. Documentation does not provide evidence about the compliance of the patient with home exercise. Thus, the requested treatment right knee arthroscopy, probably partial medial meniscectomy is not medically necessary and appropriate.

Postop physical therapy, right knee, Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th edition, 2007, Knee-Physical Therapy.

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.

Preop clearance/labs: 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.

Crutches: 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.