MAXIMUS Federal Services

Case Number:	CM15-0008965		
Date Assigned:	01/27/2015	Date of Injury:	09/24/2008
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
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:

The injured worker is a male who sustained an industrial related injury on 9/24/08 after a slip and fall accident. The injured worker had complaints of right knee pain. Physical examination of the right knee revealed boggy synovitis and a slight amount of varus. McMurray's sign was positive and the right knee was positive for effusion and tenderness to palpation over the medial joint line. Diagnoses included early degenerative disc disease and posterior horn of medial meniscus tear. The treating physician requested authorization for arthroscopy of knee with meniscectomy medial and lateral with chondroplasty and associated surgical services of pre-operative clearance, laboratory testing, chest x-ray, electrocardiogram, and a history and physical. On 12/26/14 the requests were non-certified. Regarding arthroscopy of the knee with meniscectomy medial and lateral with chondroplasty, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines. The UR physician noted that based on the degree of change in the knee and the age of the patient the more appropriate treatment would be a total knee replacement. Therefore the surgical procedure was non-certified. Due to surgery being non-certified the associated services were also non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of knee surgical, with meniscectomy medial and lateral with Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg; Indications for Surgery: Meniscectomy and Chondroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Menisectomy Chapter

Decision rationale: The ODG guidelines do not recommend meniscectomy in patients with osteoarthritis since it is associated with a high risk of arthritis in older patients with degenerative tears. Moreover, the patient's MRI shows a medial complex tear but notes the lateral meniscus is intact. The requested treatment mentions a lateral menisectomy which would not be needed. The ODG guidelines also note meniscectomy after a trial of physical therapy and exercise. Documentation does not describe such a program. Thus the requested treatment: Arthroscopy of knee surgical, with menisectomy medial and lateral with chondroplasty is not medically necessary and appropriate.

associated surgical service: Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI); 2014 Mar., page 124 (124 references) Interventions and Practices Considered.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Arthroscopy of knee surgical, with menisectomy medial and lateral with chondroplasty is not medically necessary and appropriate, then the requested treatment: associated surgical service: Pre-operative clearance is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: arthroscopy of knee surgical, with menisectomy medial and lateral with chondroplasty is not medically necessary and appropriate, then the requested treatment: associated surgical service: Pre-operative clearance is not medically necessary and appropriate.

associated surgical service: laboratory testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (updated 11/21/14)

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: chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (updated 11/21/14)

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: electrocardiogram: 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.

associated surgical service: History and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (updated 11/21/14)

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.