

Case Number:	CM15-0009196		
Date Assigned:	01/27/2015	Date of Injury:	07/22/2014
Decision Date:	04/03/2015	UR Denial Date:	12/08/2014
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 39 year old male, who sustained an industrial injury on 07/22/2014. He has reported that while moving boxes his right foot was planted and he twisted his right knee. The injured worker was diagnosed with sprain of the right knee and leg not otherwise specified. Treatment to date has included magnetic resonance imaging of the right knee, oral medication regimen, knee support, gait training, use of hot and cold packs, use of cane, and use of Reddie Brace. Currently, from the PR2 of 11/19/2014 the injured worker complains of constant pain with numbness and tingling to the left knee with a rating of two out of ten and has difficulties with bending his knee and squatting. The documentation from 11/19/2014 noted that the treating physician requested the treatment of left knee arthroscopy partial meniscectomy noting that directly treating the knee will alleviate his knee symptoms and notes that previous magnetic resonance imaging reveals a complex tear with a displaced meniscal bucket handle tear. The documentation on 10/22/2014 noted that the treating physician indicated that the injured worker would benefit from a right knee arthroscopy. On 12/29/2014 Utilization Review non-certified the requested treatments of left knee arthroscopy partial meniscectomy, assistant surgeon, pre-operative basic physical, pre-operative electrocardiogram, pre-operative chest x-ray, pre-operative complete blood count, and pre-operative chemistry panel, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, Knee Complaints and Official Disability Guidelines: Knee & Leg (updated 10/27/2014) and Low Back (updated 11/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy Partial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14) Meniscectomy Official Disability Guidelines (ODG) Indications for Surgery - Meniscectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. The documentation until 11/19/2014 concerned the injury to the right knee. There is no MRI or physical therapy notes concerning the left knee to give evidence for an injury to the left knee, thus this requested treatment: Left knee arthroscopy partial meniscectomy is indeed not medically reasonable and necessary.

Decision rationale: The documentation until 11/19/2014 concerned the injury to the right knee. There is no MRI or physical therapy notes concerning the left knee to give evidence for an injury to the left knee, thus this requested treatment: Left knee arthroscopy partial meniscectomy is indeed not medically reasonable and necessary.

Associated surgical service: Assistant Surgeon: 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 (updated 11/21/14) Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since this requested treatment: Left knee arthroscopy partial meniscectomy is indeed not medically reasonable and necessary, then the requested treatment: associated surgical service: assistant surgeon is not medically necessary and appropriate.

Decision rationale: Since this requested treatment: Left knee arthroscopy partial meniscectomy is indeed not medically reasonable and necessary, then the requested treatment: associated surgical service: assistant surgeon is not medically necessary and appropriate

Preoperative Basic 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 (ODG) Low Back (updated 11/21/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this requested treatment: Left knee arthroscopy

partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment:preoperative basic physical is not medically necessary and appropriate.

Decision rationale: Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment: preoperative basic physical is not medically necessary and appropriate.

Preoperative EKG: 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 (updated 11/21/14)Preoperative electrocardiogram.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment:preoperative EKG is not medically necessary and appropriate.

Decision rationale: Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment:preoperative EKG is not medically necessary and appropriate.

Preoperative 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 (ODG) Low Back (updated 11/21/14)Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation. Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment: preoperative Chest X-ray is not medically necessary and appropriate.

Decision rationale: Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment: preoperative Chest X-ray is not medically necessary and appropriate

Preoperative Complete Blood Count (CBC): 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 (updated 11/21/14)Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this requested treatment: Left knee arthroscopy

partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment:preoperative Complete blood count (CBC) is not medically necessary and appropriate.

Decision rationale: Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment: preoperative Complete blood count (CBC) is not medically necessary and appropriate.

Preoperative Chemistry Panel: 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 (updated 11/21/14) Preoperative Lab Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment: preoperative Chemistry panel is not medically necessary and appropriate.

Decision rationale: Since this requested treatment: Left knee arthroscopy partial menisectomy is indeed not medically reasonable and necessary, then the requested treatment: preoperative Chemistry panel is not medically necessary and appropriate.