

Case Number:	CM15-0101926		
Date Assigned:	06/04/2015	Date of Injury:	01/06/2014
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 50 year old female, who sustained an industrial injury on 1/6/14. She reported a left knee and groin injury. The injured worker was diagnosed as having low back pain, lumbar radiculopathy, sciatica, possible piriformis syndrome, left knee chondromalacia, meniscal tear, joint effusion and possible baker cyst. Treatment to date has included oral medications, physical therapy, lumbar epidural steroid injections and activity restrictions. (MRI) magnetic resonance imaging of lumbosacral spine performed on 3/20/15 noted right foraminal disc protrusion at L3-4, small disc bulge at L4-5 and mild bilateral foraminal stenosis. (MRI) magnetic resonance imaging of left hip showed edema in left quadratus femoris and (MRI) magnetic resonance imaging of left knee performed on 2/19/15 revealed evidence of postoperative deformity of posterior horn and body of medial meniscus. Currently, the injured worker complains of ongoing back pain and radicular symptoms into the left leg and foot as well as pain behind her knee. She also notes a burning sensation in the left posterior buttock radiating down her leg. Physical exam of the low back revealed tenderness and spasm with limited range of motion and numbness and tingling in L3-4 and L4-5 distribution. An authorization request was submitted for left knee arthroscopy and debridement of medial meniscal tear, 12 additional physical therapy visits and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with debridement of the medial meniscal tear, left knee per 5/4/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the MRI from 2/19/15 shows no clear evidence of recurrent meniscus tear. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.

Post operative physical therapy 12 sessions of the left knee per 5/4/15 order: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Crutches per 5/4/15 order: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.