

Case Number:	CM15-0102631		
Date Assigned:	06/05/2015	Date of Injury:	05/13/2014
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/28/2015

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 May 13, 2014. She reported cumulative trauma after an incident a month previously involving both feet, internal pain, swelling, left bunion, and right torn ligament. The injured worker was diagnosed as having hallux abductovalgus with associated bunion deformity of the left foot, hammer toe with pre-dislocation syndrome left second toe with tendonitis of the bilateral feet, idiopathic peripheral neuropathy right hallux, deformed pes planus with distal compensatory changes of the bilateral feet, and recurrent talo tarsal joint dislocation of the bilateral feet. Treatment to date has included MRIs, physical therapy, custom orthotics, cortisone injections, and medications. Currently, the injured worker complains of bilateral foot pain. The Treating Physician's report dated April 29, 2015, noted the injured worker reported progressive worsening of collapsing arch in both feet since the previous year. The treatment plan was noted to include a request for surgery treatment. A left knee MRI dated February 10, 2015, was noted to show tricompartmental chondromalacia, medial meniscus posterior horn and body junction oblique tear, lateral meniscus body free-edge radial tear, and PCL intrasubstance ganglion cyst.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 exam notes from 4/29/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. 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.