

Case Number:	CM15-0102887		
Date Assigned:	06/05/2015	Date of Injury:	02/20/2010
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
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 42 year old female, who sustained an industrial injury on 06/22/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post right knee arthroscopic surgery, tear of the medial cartilage or meniscus of the knee, rotator cuff syndrome of the shoulder, and lumbar intervertebral disc disorder with myelopathy. Treatment and diagnostic studies to date has included physical therapy, medication regimen, knee injection, magnetic resonance imaging of 2010 of the right knee, and above noted procedure. In a progress note dated 04/20/2015 the treating physician reports complaints of pain to the bilateral posterior shoulders, bilateral cervical dorsal, bilateral anterior shoulders, bilateral anterior forearm, bilateral lumbar spine, bilateral sacroiliac joint, and to the bilateral anterior knees. The injured worker has associated symptoms of numbness and tingling to the right anterior leg and the right posterior leg at approximately 50% of the time, along with dizziness, anxiety and stress, and insomnia. Examination reveals tenderness on palpation of the right medial joint along with crepitus and edema, restricted range of motion to the bilateral knees, decreased strength to the bilateral knee, a positive McMurry's test on the right, a positive Kemp test bilaterally, a positive Braggard's test bilaterally, and a positive straight leg raise bilaterally. The injured worker's current pain level is rated a 6 on a scale of 10 with 10 being the worst amount of pain and has the pain approximately 100% of the time. The injured worker rates the pain level an 8 at its worst and a 6 at its best. The medical records lacked documentation on any recent diagnostic/radiology studies performed. The treating physician requested one (1) knee arthroplasty, meniscus surgery, chondroplasty, synovial debridement and revision of right knee as an outpatient noting that the injured worker was experiencing a severe flair up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) knee arthroplasty, meniscus surgery, chondroplasty, synovial debridement and revision of right knee as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, 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 there is no recent imaging since the prior surgery demonstrating presence of a surgical lesion. Therefore the request is not medically necessary.