

Case Number:	CM15-0104696		
Date Assigned:	06/09/2015	Date of Injury:	05/30/2014
Decision Date:	08/28/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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
 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 66 year old female, who sustained an industrial injury on May 30, 2014, incurring right knee injuries. Magnetic Resonance Imaging of the right knee revealed a tear of the medial meniscus, chondromalacia, tricompartmental osteoarthritis, bursitis and a joint effusion. She was diagnosed with right knee arthritis and a medial meniscus tear. Treatment included a knee brace, cane for mobility, acupuncture, physical therapy, anti-inflammatory drugs, pain medications, proton pump inhibitor, steroid injections and modified work restrictions. On September 30, 2014, she underwent a right knee arthroscopy and meniscectomy. Currently, 4/22/15, the injured worker complained of constant moderate to severe pain in the right knee with clicking, popping and swelling. The pain was aggravated with prolonged standing, walking, kneeling, squatting, walking and climbing stairs. She walked with an altered gait. The injured worker complained of difficulty sleeping and activities of daily living secondary to the continued pain. The treatment plan that was requested for authorization included video arthroscopy of the right knee, ACL reconstruction meniscectomy, synovectomy, chondroplasty and facial sheath injection, medical clearance with labs, electrocardiogram, durable medical equipment cold flow therapy unit, Chest x rays, neuromuscular electrical stimulator and physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Videarthroscopy of the right knee, ACL reconstruction meniscectomy, synovectomy, chondroplasty, removal of loose bodies, facial sheath injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

Decision rationale: CA MTUS/ACOEM, Chapter 13, Knee Complaints, pages 344 states that ACL reconstruction is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. In addition physical exam should demonstrate elements of instability with MRI demonstrating complete tear of the ACL. In this case the exam notes from 4/22/15 do not demonstrate evidence of instability and there is no formal MRI report demonstrating a complete tear of the ACL. Therefore, the determination is for not medically necessary for the requested procedure.

Associated surgical service: medical clearance with labs: 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: electrocardiogram (EKG): 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: durable medical equipment (DME) cold flow therapy unit:
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: chest X-rays: 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: durable medical equipment (DME) neuromuscular electrical stimulator (NMES): 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: physical therapy for the right knee, 12 sessions: 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.