

Case Number:	CM15-0107329		
Date Assigned:	06/11/2015	Date of Injury:	09/16/2010
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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 48 year old male, who sustained an industrial injury on 9/16/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having left knee lateral meniscus tear and osteochondral defect. Treatment to date has included diagnostics, left shoulder surgery on 2/04/2015, physical therapy, cortisone injections, bracing, and medications. Magnetic resonance imaging of the left knee (8/2013) showed a lateral meniscus tear, as well as an osteochondral defect in the patellofemoral region. Currently, the injured worker complains of left knee discomfort and mechanical symptoms, including some giving way and intermittent catching. Physical exam of the left knee showed mild atrophy, lateral joint line tenderness, and positive McMurray's exam. The treatment plan included a left knee arthroscopy, lateral meniscectomy, chondroplasty, possible abrasion arthroplasty, surgical assistant, and physical therapy x12 post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Surgical assistant Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American college of Surgeons.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of a surgical assistant. ODG low back is referenced. More complex cases based off CPT code are felt to warrant the use of a surgical assistant. The requested procedure is knee arthroscopy. Given the level of complexity of the surgery it is not felt to be medically necessary to have an assistant.

Associated surgical service: Physical therapy Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 24.

Decision rationale: According to the CA MTUS/Post Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.