MAXIMUS Federal Services

Case Number:	CM15-0109076		
Date Assigned:	06/15/2015	Date of Injury:	03/15/2015
Decision Date:	11/12/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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 an 18-year-old male, with a reported date of injury of 03-15-2015. The diagnoses include left knee sprain and left knee lateral meniscus tear. Treatments and evaluation to date have included left knee meniscal repair. According to the medical report dated 03-20-2015, the diagnostic studies to date have included an MRI of the left knee which showed previous interval repair of the lateral meniscus tear, a presumed small residual plane of the tear was detected in the posterior horn and body junction superior margin, previous medial meniscus tears; no new tears noted. The comprehensive orthopedic consultation dated 04-28-2015 indicates that the injured worker had left knee lateral joint line pain with a possible re-tear of the lateral meniscus according to an MRI. The physical examination showed range of motion 0-100 degrees; lateral joint line tenderness; and positive McMurray examination. The treatment plan included a left knee diagnostic arthroscopy with possible lateral meniscal repair with associated services. The injured worker's work status was not discussed. The request for authorization was dated 04-28-2015. The treating physician requested left knee arthroscopy with possible lateral meniscus repair; twelve post-operative physical therapy sessions; cold therapy unit rental; and crutches. On 05-07-2015, Utilization Review non-certified the request for left knee arthroscopy with possible lateral meniscus repair; twelve post-operative physical therapy sessions; cold therapy unit rental; and crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with possible lateral meniscal repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Second Edition, Online Knee Chapter and Official Disability Guidelines (ODG) Knee and Leg, Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

Decision rationale: According to the CA MTUS/ACOEM Practice Guidelines, 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 the Official Disability Guidelines, 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 clear evidence of a significant retear of the lateral meniscus by MRI. There is no documentation of recent non-surgical treatments. The request is not medically necessary.

Post operative physical therapy (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.

Cold therapy unit (rental): 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.

Crutches: 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.