

Case Number:	CM15-0016950		
Date Assigned:	02/05/2015	Date of Injury:	07/08/2007
Decision Date:	05/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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 68-year-old male who reported injury on 07/08/2007. The mechanism of injury was unspecified. The case notes indicated an unofficial left knee MRI revealed a medial meniscal tear, patellar chondral thinning and patellar tendinitis. His past treatments include physical therapy, chiropractic care, acupuncture, injections, surgery and medications. On 08/12/2014, the injured worker complained of bilateral knee, bilateral wrist and hand pain. The physical examination of the left knee revealed no swelling, deformity or effusion. There was no bone or joint malalignment. The injured worker's range of motion was noted with flexion at 120 degrees and extension at 0 degrees. There was tenderness upon palpation over the medial and lateral joint line. However, there was no pain with range of motion. It was also indicated there was no instability with manipulation or weight bearing. The injured worker had a positive patellar grind tes. The injured worker also had normal strength, sensation and deep tendon reflexes within normal values. The treatment plan included pool therapy, knee braces and home exercises as tolerated. A request was received for left knee arthroscopy with medial meniscectomy and chondroplasty not identified as; associated surgical service: medicine consult preoperative clearance with [REDACTED] not identified as; preop studies, chest x-ray, EKG, labs (CBC, chem 7, PT/PTT/INR) not identified as; associated surgical service: EMG bilateral upper extremities- carpal tunnel syndrome not identified as; associated surgical service: ice therapy cold compression therapy for postop pain and swelling x3 weeks not identified as; postoperative physical therapy for left knee (2 x6) 12 sessions not identified as; associated

surgical service; followup status post surgery with [REDACTED]. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with Medial Menisectomy and Chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): s 343-345.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated for patients who have activity limitation for more than 1 month and have failed an exercise program to increase range of motion and strength of musculature around the knee. Furthermore, the guidelines indicate that there should be clear of a meniscus tear to include clear signs of bucket handle upon examination, with tenderness over the suspected area, but not over the entire joint line and lack of passive flexion. There should also be consistent findings on MRI indicating evidence of a meniscal tear. Furthermore, the guidelines do not support the procedure of arthroscopic patellar shaving as long term improvement has not been proven and its efficacy is questionable. The injured worker was indicated to have left knee complaints. However, there was lack of an official diagnostic study for review. Furthermore, there was lack of diffuse knee tenderness documenting negative McMurray's upon examination or Apley's grind test for a meniscal tear. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate.

Associated surgical service: Medicine Consult Pre Operative Clearance: 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.

Pre Op Studies Chest X-ray, EKG, Labs (CBC, Chem 7, PT/PTT/INR): 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: EMG Bilateral Upper Extremity- Carpal Tunnel Syndrome: 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: Ice Therapy Cold Compression Therapy for Post Op Pain and Swelling x3 weeks: 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.

Post Operative Physical Therapy for Left Knee (2x6) 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.

Associated surgical service: Follow up Status Post Surgery: 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.