

Case Number:	CM15-0144190		
Date Assigned:	08/05/2015	Date of Injury:	04/16/2012
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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: Illinois, California, Texas
 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:

This injured worker is a 54-year-old female who sustained an industrial injury on 4/16/12. The mechanism of injury was not documented. She underwent left shoulder arthroscopic with SLAP repair, subacromial decompression, and distal clavicle resection on 5/24/13. The 12/19/14 left knee MRI impression documented an unremarkable MRI of the knee. Findings documented the lateral meniscus to be intact. The 1/20/15 agreed medical examiner report cited occasional dull left knee pain with popping, giving out, and grinding. Pain was exacerbated by walking or standing more than 15 mins, kneeling, squatting, and going up/down stairs. Pain was relieved by resting and NSAIDs. Left knee exam documented medial tibial plateau and medial joint line tenderness, range of motion 0-130 degrees, negative patellar crepitation, no instability, and negative McMurray's. Left knee imaging performed 12/19/14 was reviewed and agreement with interpretation was noted. The injured worker was diagnosed with left knee strain, osteoarthritis. The 6/3/15 treating physician report cited left knee, left shoulder and elbow, neck and low back pain. Physical exam documented normal gait with no limping. Bilateral knee exam documented no evidence of heat, swelling or effusion. Range of motion was 0-140 degrees. She had positive medial joint line tenderness and positive McMurray's and Slocum's tests. Lower extremity strength was 5/5. The diagnosis included left knee sprain and patellofemoral syndrome, internal derangement and lateral meniscus tear. Authorization was requested for left knee arthroscopy with partial lateral meniscectomy, pre-operative medical clearance, post-op physical therapy 3 times weekly for 5 weeks (15), cold therapy device, and crutches. The 6/26/15 utilization review non-certified the left knee arthroscopy with partial lateral meniscectomy and associated surgical

requests as there was no imaging report available and no documentation that the injured worker had an adequate trial of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with partial lateral meniscectomy, left knee qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. This injured worker presents with left knee pain. Clinical exam findings documented medial joint line tenderness and positive meniscal signs. However, there are no current imaging findings evidencing a lateral meniscal tear. Additionally, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left knee and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Pre-operative medical clearance qty 1: 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 3 times weekly for 5 weeks, left knee qty 15: 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 device, left knee: 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 qty 1: 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.