

Case Number:	CM15-0164435		
Date Assigned:	09/01/2015	Date of Injury:	12/11/2011
Decision Date:	10/13/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: Montana, Oregon, Idaho
 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 54 year old female, who sustained an industrial injury on 12-11-2011. Pertinent diagnoses include bilateral knee chondromalacia patella, and right knee medial meniscus tear. Magnetic resonance imaging (MRI) of the right knee dated 6-08-2015 showed posterior horn medial meniscus tear and mild tricompartmental degenerative joint disease. Treatment to date for the right knee has included physical therapy and three cortisone injections. Per the Primary Treating Physician's Progress Report dated 6-24-2015, the injured worker reported ongoing right knee pain, swelling and grinding. She has difficulty squatting or kneeling when going down and has trouble getting back up. Physical examination of the right knee revealed mild effusion. There was tenderness to palpation over the medial joint line. McMurray's and Apley testing were positive in the medial compartment. Range of motion was 0- 120 degrees with pain at the limits of flexion. The plan of care included surgical intervention and authorization was requested for medical clearance for right knee arthroscopy meniscectomy and possible chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: CA MTUS and ODG are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced. Guidelines state that patients greater than age 40 require a CBC; males require an ECG if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 54 years old and does not have any evidence in the cited records from 6/24/2015 of significant medical comorbidities to support a need for preoperative clearance beyond an EKG and CBC. Therefore the request for medical clearance is not medically necessary.

Associated surgical services: Post-op physical therapy 3 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, 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 request is not medically necessary.