

Case Number:	CM15-0165228		
Date Assigned:	09/02/2015	Date of Injury:	06/22/2005
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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 28 year old female, who sustained an industrial injury on 6-22-05. Initial complaint was of his left knee. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post left knee arthroscopy; ACL repair (2005); physical therapy; medications. Diagnostics studies included MRI left knee (7-27-15). Currently, the PR-2 notes dated 6-30-15 indicated the injured worker was in the office on this date for an evaluation of her left knee. She has been symptomatic since her injury. She reports multiple ligaments were injured and underwent reconstruction of the knee (ACL Repair-2005) followed by physical therapy. She reports the symptoms did not fully resolve. She has had a gradual progression of symptoms increased with irritability of activities with some occasional crepitus and feelings of instability. She has not experienced any discrete locking, but an intermittent limp. She reports she does not take any medications for her symptoms but uses icing at times. Her right knee is asymptomatic. On physical examination of the left knee, there is no swelling or warmth present. She has intact range of motion with negative Lachman. She has a 2+ posterior sag and tenderness over the medial joint line. There is no tenderness is noted laterally and a negative McMurray's is noted. A MRI left knee dated 7-27-15 reveals: 1) Cruciate ligament grafts are intact, though there is prominent fluid in the tibial tunnel of the PCL graft which can be a sign of early graft failure. 2) Scarring of lateral collateral ligament and mild splitting of the medial collateral ligament. 3) Blunting of the lateral meniscus, probably related to partial menisectomy with a small tear adjacent of the posterior root insertion. 4) Mild osteoarthritis. The provider also notes radiographs revealing the presence of retained interference screws consistent with an ACL

reconstruction with mild medial compartment degenerative changes. The provider notes her findings are consistent with a chronic posterior cruciate ligament deficiency with intermittent periods of instability. She also may have some mild-to-moderate degenerative changes and meniscal pathology. He obtained a MRI and will discuss the findings and treatment options on her next visit and released her to her current work duties. The provider is requesting authorization of left knee partial tear lateral meniscectomy chondroplasty; crutches and cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee partial tear lateral meniscectomy chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "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 ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the note from 6/30/15 do not document meniscal symptoms such as locking, popping, giving way or recurrent effusion. The exam demonstrates full range of motion, no effusion and a negative McMurray's test. These lack of findings do not therefore meet the guidelines and thus the determination is not medically necessary.

Associated surgical service: 1 pair of crutches: 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 (Acute & Chronic) - Walking aids.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 1 cold therapy unit: 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 (Acute & Chronic) - Game ready accelerated recovery system.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.