

Case Number:	CM15-0166289		
Date Assigned:	09/08/2015	Date of Injury:	09/17/2013
Decision Date:	10/26/2015	UR Denial Date:	07/25/2015
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: 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:

This is a 28-year-old male worker who was injured on 09-17-2013 when lifting a package and twisting his knee. The medical records reviewed indicated the injured worker (IW) was being treated for status post remote right knee partial medial meniscectomy (2013); recurrent tear, medial meniscus, right knee; and patellar tendinitis, right knee. The progress notes dated 6-11-2015 indicated the IW had 8 out of 10 right knee pain, which resulted in a decline in activity and function. On examination, right knee range of motion was 0 to 90 degrees. There was crepitance, tenderness and swelling present. McMurray's sign was positive medially. In the progress notes dated 6-30-2015 the IW reported pain was 9 out of 10 in the right knee. He was concerned about falling due to instability. Pain medication improved his function without side effects. The physical exam was unchanged. MRI of the right knee on 7-22-2015 showed thinned cartilage in the medial compartment causing joint space narrowing; a radial tear involving the body of the medial meniscus; posterior horn tear of the medial meniscus; semimembranosus tendinosis; blunting of the root of the anterior horn of the lateral meniscus, likely reflecting a tear; and moderate suprapatellar bursitis. Treatments have included medications (Tramadol and NSAIDs), physical therapy, bracing and activity modification. A Request for Authorization dated 7-17-2015 asked for right knee arthroscopic partial medial meniscectomy revision; preoperative EKG, CBC and urinalysis; preoperative Norco 10-325mg, #60; 12 sessions of postoperative physical therapy, two times weekly for six weeks for the right knee; and postoperative Tramadol ER 50mg, #60. The Utilization Review on 7-25-2015 denied the request for right knee arthroscopic

partial medial meniscectomy revision and the associated services because the procedures are not medically indicated according to CA MTUS ACOEM Knee and Leg Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Partial Medial Meniscectomy Revision: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The CA MTUS/ACOEM Chapter 13 Knee Complaints, states that 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, there has already been a meniscectomy and extensive synovectomy with continued symptoms without re- injury. There are documented degenerative changes likely contributing to the symptoms. Based on this with the lack of mechanical symptoms, the request is not medically necessary,

Pre-Operative EKG: 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-Operative Lab: CBC: 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-Operative Lab: Urinalysis: 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-Operative Norco 10/325mg #60: 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 (12 sessions, 2 times a week for 6 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 Tramadol ER 50mg #60: 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.