

Case Number:	CM15-0181375		
Date Assigned:	09/22/2015	Date of Injury:	11/02/2012
Decision Date:	10/26/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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, Oregon, Washington
 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 40 year old male who sustained an industrial injury on 11-02-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post right knee arthroscopy with persistent meniscal symptoms. According to the progress note dated 08-07-2015, the injured worker reported bilateral knee pain. Pain level was 8 out of 10 with medication and 10 out of 10 without medication. Records indicate that the injured worker is able to complete activities of daily living. Physical examination performed on 08-07-2015 revealed decreased right knee flexion with pain and decreased right knee extension. Physical exam performed on 7-6-2015 revealed prepatellar tenderness, positive patellar grind, and positive McMurray's test. In a progress report dated 08-06-2015, the injured worker reported continued pain, stiffness, locking and catching of the right knee. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the right knee (4-22-2015) revealed no new damage to the Meniscus. Documentation noted that the injured worker has not worked in two years secondary to his pain. Treatment to date has included diagnostic studies, prescribed medications, physiotherapy, injection, brace wear and periodic follow up visits. The injured worker remains on temporary total disability. Treatment plan consisted of right knee surgery. The treating physician prescribed services for right knee arthroscopy meniscectomy and debridement, associated surgical service: 1 crutches and 12 post-operative physical therapy visits. The utilization review dated 08-28-2015, non-certified the request for right knee arthroscopy meniscectomy and debridement, associated surgical service: 1 crutches and 12 post-operative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy meniscectomy and Debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter - Diagnostic arthroscopy Official Disability Guidelines (ODG), Indications for surgery – Meniscectomy Official Disability Guidelines (ODG), Indications for surgery - Chondroplasty.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344 and 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 MRI from 4/22/15 does not demonstrate a meniscal tear. Therefore the request is not medically necessary.

Associated Surgical Service: 1 Crutches: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 Post operative physical therapy visits: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.