

Case Number:	CM15-0181582		
Date Assigned:	09/29/2015	Date of Injury:	09/16/2014
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
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 50 year old male, who sustained an industrial injury on 9-16-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right wrist dorsal compartment tendonitis and left knee pain associated with potential medial meniscus tear and probable synovitis. On 6-30-2015, the injured worker reported mild right wrist pain with radiation to his right forearm and increased frequent severe left knee pain at the medial side of the knee with associated clicking, popping, and giving way of the left knee. The single Primary Treating Physician's report submitted for review dated 6-30-2015, noted the injured worker reported benefit with decreased pain from the 4-7-2015 Cortisone injections to his left knee, with complaints of stomach upset which he believed were from the Cortisone with the Physician noting additional cortisone injections should probably not be done. The injured worker was reported to have the left knee pain decreased only when he took some medications, wearing a wraparound left knee brace for support. The Physician noted a left knee MRI from 11-5-2014, demonstrated significant degeneration of the medial meniscus that could potentially represent a tear to the interior surface of the meniscus. The left knee examination was noted to show minimal patella-femoral crepitus, a minimally positive patellar compression test, mild plus medial patellar facet tenderness especially inferior in location, with McMurray's test unable to be completed due to guarding and loss of range of motion (ROM) in flexion. Prior treatments have included Cortisone injections to the left knee and right wrist, and physical therapy to the left knee noted to be of no benefit. The treatment plan was noted to include a request for authorization for a left knee MR Arthrogram, and depending on the results of the MR

Arthrogram, the injured worker would need to seriously consider a diagnostic knee arthroscopy, with post-operative physical therapy. The injured worker was noted to be temporarily totally disabled. The request for authorization dated 9-3-2015, requested a diagnostic left knee arthroscopy, arthroscopic surgery and possible arthrotomy and post op physical therapy 2 times 6 weeks for the left knee. The Utilization Review (UR) dated 9-10-2015, denied the requests for a diagnostic left knee arthroscopy, arthroscopic surgery and possible arthrotomy and post op physical therapy 2 times 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left knee arthroscopy, arthroscopic surgery and possible arthrotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic)-Diagnostic arthroscopy.

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 344-345, 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 exam notes from 4/7/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is not medically necessary.

Post op physical therapy 2 times 6 weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute and Chronic)-Diagnostic arthroscopy.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

