

Case Number:	CM15-0183139		
Date Assigned:	09/24/2015	Date of Injury:	04/16/2015
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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 47 year old female with an industrial injury date of 04-16-2015. Medical record review indicates she is being treated for left knee injury (sprain, contusion, meniscal injury and internal derangement). Subjective complaints (05-29-2015) included left knee swelling and pain. Objective findings (05-29-2015) of knee exam revealed soft tissue tenderness over lateral knee joint and "some" effusion and decreased range of motion. The injured worker was seen by orthopedics on 09-09-2015 for evaluation "regarding lateral meniscus tear, left." "Pain is diffuse about the knee but most pronounced along the lateral aspect." Physical exam (09-09-2015) is documented as revealing "small effusion," with positive tenderness lateral joint line. Other documented findings were positive McMurray's and one plus posterior drawer. The treating physician documented: "Unable to do MRI (consulted with radiology) due to bladder device." CT arthrogram of left knee dated 06-17-2015 documented impression is as follows: (1) Tear of posterior horn of lateral meniscus. Menisci otherwise normal. (2) Lateral patellar tilt. Prior treatment is documented as medications (Norco.) The treating physician recommendation was for left knee arthroscopy and partial lateral meniscectomy with 12 visits of physical therapy post-operatively. There is a request for authorization dated 08-18-2015 for Arthroscopy, lateral meniscectomy left knee. There is a request for authorization dated 09-09-2015 for arthroscopy lateral meniscectomy, co-surgeon and post-op physical therapy. On 09-10-2015 the request for left knee arthroscopy with meniscectomy, associated surgical service: Post-operative physical therapy, 12 sessions and associated surgical service: Assistant Surgeon was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with meniscectomy: Upheld

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

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 CT arthrogram. In this case the exam notes from 9/9/15 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 request is not medically necessary.

Associated Surgical Service: Assistant Surgeon: 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.

Associated Surgical Service: Post operative physical therapy, 12 sessions: 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.