

Case Number:	CM15-0183864		
Date Assigned:	10/02/2015	Date of Injury:	10/30/2012
Decision Date:	12/14/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/18/2015

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:

The injured worker is a 56-year-old male, who sustained an industrial injury on 10-30-2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post left knee arthroscopy and right knee medial meniscal tear. On 9-1-2015, the injured worker reported moderate pain in his right knee. The Treating Physician's report dated 9-1-2015, noted the right knee was normal in appearance without swelling or effusion, with full range of motion (ROM) with some pain at full flexion and extension, moderate medial joint line tenderness, ligamentously stable, and painful medial McMurray's. Prior treatments have included a left knee arthroscopic surgery in 2014, over-the-counter (OTC) pain medications, physical therapy, and bracing. The Physician noted another request for authorization for a right knee arthroscopy. On 5-1-2015, the injured worker was noted to be symptomatic with right knee pain, with a MRI documenting a meniscal tear. The Physician requested authorization for a right knee arthroscopy with meniscectomy. A right knee MRI dated 1-8-2014, impression was minimal joint effusion, radial tear in the mid medial meniscus with horizontal tear in the mid to posterior horn of the medial meniscus and grade 2 degenerative changes in the anterior horn of the medial meniscus, and thickening in the anterior cruciate ligament but no acute abnormalities identified, and tears noted. The requests for authorization dated 5-7-2015 and 9-1-2015, requested a right knee arthroscopy with meniscectomy, medical clearance, EKG, CBC, CMP, PT-PTT-INR, cold therapy unit with pad for purchase, purchase of crutches, and post-op physical therapy 2x4 for the right knee. The Utilization Review (UR) dated 9-3-2015, non-certified the requests for a right knee arthroscopy with meniscectomy, medical clearance, EKG, CBC, CMP, PT-PTT-INR, cold therapy unit with pad for purchase, purchase of crutches, and post-op physical therapy 2x4 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter (online version).

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

Decision rationale: According to the CA MTUS ACOEM Practice Guidelines, 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 do not demonstrate evidence of adequate course of physical therapy or other conservative measures as the therapies documented are all targeting the opposite knee. 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: Medical clearance: 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.

Associated surgical service: 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.

Associated surgical service: Labs for surgery: 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.

Associated surgical service: Labs for surgery: CMP: 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.

Associated surgical service: Labs for surgery: PT/PTT/INR: 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.

Associated surgical service: Cold therapy unit with pad, purchase: 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.

Associated surgical service: Crutches, purchase: 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-op Physical therapy 2x4 for the right knee: 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.