

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0195799 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 08/12/2011 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/10/2015 |
| Priority: | Standard | Application Received: | 10/05/2015 |

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 52 year old female with an industrial injury date of 08-12-2011. Medical record review indicates she is being treated for lateral meniscus tear of left knee and severe arthritis of left knee. Subjective complaints (08-19-2015) included "constant achy" pain in left knee rated as 7 out of 10. The pain is documented as increasing with sudden movements and prolonged sitting and walking. The injured worker reported feeling weak and unstable. Work status (08-19-2015) is documented as "light duty." Medications included Naproxen and Norco. Prior treatments included cortisone injection to left knee, "homeopathic" injections for left knee and medications. Physical therapy for the left knee was requested 05-04-2015. Review of medical records does not indicate if the injured worker received the physical therapy or the outcome surgery included diagnostic arthroscopy left knee with synovectomy of the anterior medial, anterior lateral and superior knee joint (09-21-2012.) MRI of the left knee (08-13-2015) was read by the radiologist as: Compared to prior exam dated 07-23-2013 there is interval development of horizontal tear of anterior horn of the lateral meniscus. There is no significant change in cartilaginous thinning involving the medial, lateral and patellofemoral compartments. Compared to the prior exam there is interval increase in the size of the joint effusion. Objective findings (08-19-2015) of left knee exam noted the injured worker walked with a limp and also reported pain at anteromedial and mid medial. Flexion was documented as 90 degree and extension as 0 degree. On 09-10-2015 the request for left knee arthroscopy and pre-operative clearance was non-certified 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: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

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 8/19/15 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.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

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: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary. However, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.