

Case Number:	CM15-0197807		
Date Assigned:	10/13/2015	Date of Injury:	05/16/2014
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York, Montana, California
 Certification(s)/Specialty: Neurological 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 61 year old male, who sustained an industrial-work injury on 5-16-14. He reported initial complaints of left knee pain. The injured worker was diagnosed as having medial meniscus tear of knee, chondromalacia, and patellar tendinosis. Treatment to date has included medication and surgery (left knee arthroscopic partial meniscectomy and debridement). MRI results were reported on 9-17-15 of the right knee that demonstrated tears of the medial and lateral meniscus and extensive chondromalacia in the lateral compartment. X-rays were reported on 9-17-15 of the right knee that reported osteoarthritis with degenerative changes that are most severe in the patellofemoral joint and small effusion. Currently, the injured worker complains of right knee pain that is increasing secondary to overcompensation for the left knee (status post left knee surgery 6 months prior). Per the orthopedic re-evaluation on 9-21-15, exam of the left knee notes some synovial thickening with reduced range of motion, both knees demonstrated joint line tenderness. The left knee has a valgus alignment which is slightly greater than the valgus on the right. Current plan of care includes surgery to right knee. The Request for Authorization requested service to include Surgery arthroscopy, partial lateral and medial meniscectomy chondroplasty for the right knee Qty: 1.00, Pre-operative medical clearance, Purchase of post op cold therapy unit, Post op physical therapy for twelve sessions Qty: 12.00, Post op Norco (unspecified strength) Qty: 60, Post op Day pro (unspecified strength and quantity), and Post-op Vistaril (unspecified strength and quantity). The Utilization Review on 10-2-15 denied the request for Surgery arthroscopy, partial lateral and medial meniscectomy chondroplasty for the right knee Qty: 1.00, Pre-operative medical clearance, Purchase of post op cold therapy unit, Post

op physical therapy for twelve sessions Qty: 12.00, Post op Norco (unspecified strength) Qty: 60, Post op Day pro (unspecified strength and quantity), and Post-op Vistaril (unspecified strength and quantity), per Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/2015) Meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery arthroscopy, partial lateral and medial meniscectomy chondroplasty for the right knee Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 07/10/2015) Meniscectomy.

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

Decision rationale: The California MTUS Guidelines note that "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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus." Documentation does not show the patient has symptoms of locking or popping or giving way. Documentation does not show positive provocative testing on physical exam. Documentation does not show results of injections. The requested treatment Surgery arthroscopy, partial lateral and medial meniscectomy chondroplasty for the right knee Qty: 1.00 is not medically necessary and appropriate.

Pre-operative 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.

Purchase of post op cold therapy unit: 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 for twelve sessions Qty: 12.00: 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 Norco (unspecified strength) Qty: 60: 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 Day pro (unspecified strength and quantity): 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 Vistaril (unspecified strength and quantity): 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.