

Case Number:	CM15-0021341		
Date Assigned:	02/10/2015	Date of Injury:	09/03/2010
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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
 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 43-year-old female, with a reported date of injury of 09/03/2010. The diagnoses include left posterior horn lateral meniscus tear of the knee, blunting of medial meniscus remnant, and mild osteoarthritis. Treatments have included three arthroscopic surgeries, six corticosteroid injections, physical therapy, and oral medications. The follow-up visit report dated 12/23/2014 indicates that the injured worker complained of left knee pain. She reported that her pain was severe. The injured worker was unable to fully extend her knee. The physical examination showed fixed knee in 30 degrees of flexion with approximately 10 degrees of flexion and extension from the starting point, intact neurovascular exam, and pain around the entire knee and hip. The treating physician requested left knee arthroscopic partial medial meniscectomy and chondroplasty, post-operative physical therapy for the left knee, and a cold therapy unit rental. The rationale for the request was not indicated. MRI left knee 10/20/14 demonstrates no re-tear of the medial meniscus. On 01/15/2015, Utilization Review (UR) denied the request for left knee arthroscopic partial medial meniscectomy and chondroplasty, post-operative physical therapy for the left knee, and a cold therapy unit rental. The UR physician noted that there were no notes by the prospective surgeon, and since the surgery was not certified, there was no medical need for the associated treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: DME Cold Therapy Unit rental: 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-operative Physical Therapy Left 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.

Left knee arthroscopic partial medial/menisectomy and chondroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Menisectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial menisectomy 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, Menisectomy section, states indications for arthroscopy and menisectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 12/23/14 do not demonstrate evidence of adequate course of recent physical therapy or other conservative measures for arthrofibrosis of the knee. In addition the MRI from 10/20/14 does not demonstrate a re-tear of the meniscus. Therefore the determination is for non-certification.