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| Case Number: | CM15-0026835 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 01/08/2015 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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 54 year old female, who sustained an industrial injury on 1/8/15 and was given a full leg immobilizer that wore for one day when she twisted her knee on 1/13/15 and felt pain in her lateral knee which resulted in posterior bruising. 1/8/15 left knee X-ray showed no evidence of acute fracture. An Magnetic Resonance Imaging (MRI) of the left knee 1/16/15 showed small vertical tear in the free margin of the body of the lateral meniscus and mild thinning of the articular cartilage of the lateral patella facet; tiny baker's cyst; mild edema in the popliteus muscle belly. The injured worker has complaints of left knee pain. The diagnoses have included tear meniscus lateral left. Exam note 1/29/15 demonstrates left knee pain. Exam demonstrates positive McMurray's test. Left knee range of motion demonstrates 15 degrees extension with pain. According to the utilization review performed on 2/11/15, the requested Left Knee Arthroscopy, outpatient, Arthroscopy of Knee, Surgical, with meniscus Repair, Medial or Lateral and Complete Blood Count (CBC) and electrocardiogram (EKG) has been non-certified. (American College of Occupational and Environmental Medicine (ACOEM) (2nd edition, text, pages 344-345); Official Disability Guidelines, knee menisectomy.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy, outpatient, Arthroscopy of Knee, Surgical, with meniscus Repair, Medial or Lateral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 1/29/15 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 determination is for non-certification.

CBC & EKC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medscape.com/medline/abstract8441296> and <http://www.medscape.com/medline/abstract3723774> and <http://www.medscape.com/medline/abstract2511275> and <http://www.medscape.com/medline/abstract285191>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.