

Case Number:	CM15-0032699		
Date Assigned:	02/26/2015	Date of Injury:	03/29/2014
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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 63 year old male, who sustained an industrial injury on 3/29/2014. The details of the initial injury and prior treatments were not submitted for this review. He was status post right knee arthroscopy completed 9/12/14. The diagnoses have included internal derangement of the knee. Treatment to date has included medication therapy and post operative physical therapy. Currently, the IW was documented to have been evaluated for the left knee and review Magnetic Resonance Imaging (MRI) results. The provider documented the radiological testing was significant for a left knee meniscus tear. The physical exam 1/23/15 documented 1+ effusion and positive McMurray sign. The plan of care included arthroscopy. On 2/2/2015 Utilization Review non-certified a left knee arthroscopy and preoperative laboratory evaluations, noting the documentation failed to support guideline requirements had been met. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of left knee arthroscopy and preoperative laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy at Spine & Sports Med Grp: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

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, Meniscectomy.

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 1/23/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore, the determination is for non-certification.