MAXIMUS Federal Services

Case Number:	CM15-0033135		
Date Assigned:	02/26/2015	Date of Injury:	03/31/1998
Decision Date:	04/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 58-year-old female with a reported date of injury of 03/31/1998. The mechanism of injury was not specifically stated. The current diagnoses include right knee meniscal tear and right shoulder rotator cuff tear. The only clinical documentation provided for this review is a physician's progress report dated 11/25/2014. The injured worker presented with complaints of increased right knee pain. The injured worker also noted a recent fall due to instability of the right knee. It was noted that the injured worker was self treating with ice therapy and home exercise. Upon examination, there was an antalgic gait, small effusion of the right knee, tenderness along the medial joint line, positive McMurray's sign, and negative instability. Recommendations at that time included a right knee arthroscopy with partial medial meniscectomy, synovectomy and chondroplasty. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with medial meniscectomy QTY1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. While it is noted that the injured worker has positive physical examination findings, there is no evidence of a recent attempt of any conservative management in the form of active rehabilitation. Additionally, there were no imaging studies provided for this review. Given the above, the request is not medically appropriate at this time.

Synovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/3395419, Arthroscopic Synovectomy of the knee joint; indication techniques, and follow up results, 1988, page 63-71.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. While it is noted that the injured worker has positive physical examination findings, there is no evidence of a recent attempt of any conservative management in the form of active rehabilitation. Additionally, there were no imaging studies provided for this review. Given the above, the request is not medically appropriate at this time.

Chondroplasty: 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 10/27/14).

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength. While it is noted that the injured worker has positive physical examination findings, there is no evidence of a recent attempt of any conservative management in the form of active rehabilitation. Additionally, there were no imaging studies provided for this review. Given the above, the request is not medically appropriate at this time.

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.

Initial post-operative physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

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.

Polar pack post-op rental x 1 month: 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, Durable Medical Equipment (DME).

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.