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| Case Number: | CM15-0034810 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 07/10/2013 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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, Sports Medicine

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 57-year-old male who reported an injury on 07/10/2013. The injured worker reportedly sustained an injury after a trip and fall. The injured worker's treatment history included multiple medications, physical therapy, a home exercise program, and aquatic therapy. The injured worker underwent an MRI on 08/19/2013. It was documented that the injured worker had a horizontal tear of the posterior horn and body of the medial meniscus with minimal chondromalacia patellae of the lateral facet. The injured worker was evaluated on 01/20/2015. It was documented that the injured worker had persistent pain and swelling complaints of the left knee. Exam findings included 1+ knee joint effusion with tenderness along the medial joint line and restricted range of motion described as 0 degrees in extension to 116 degrees in flexion with a positive left sided lateral and medial McMurray's sign. A request was made for surgical intervention. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with possible Meniscectomy, Arthrotomy, Meniscus Repair, Debridement Chondroplasty, Synovectomy Microfracture: 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); Indications for Surgery.

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

Decision rationale: The requested Left Knee Arthroscopy with possible Meniscectomy, Arthrotomy, Meniscus Repair, Debridement Chondroplasty, Synovectomy Microfracture is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has a meniscal injury that may benefit from either a meniscectomy or meniscal repair. However, the clinical documentation does not provide any indication that the injured worker has significant symptoms that would require arthrotomy, chondroplasty, synovectomy, or microfracture. The clinical documentation does include an imaging study that does provide evidence of mild chondromalacia patellae. However, surgical intervention for this diagnosis would not be supported. Although a single part of the requested surgery may be indicated, several parts of the surgery are not supported. Therefore, the request as a whole would not be considered medically necessary or appropriate. As such, the request is not medically necessary or appropriate.

Post-Operative Physical Therapy (12-sessions): 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.

Continuous Passive Motion (6 weeks): 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.

Cooling Device (6 weeks): 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.

Crutches and Cane: 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.

Pre-Operative Labs: CBC, CMP, UA, PT, PTT and EKG: 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.

Pre-Operative Chest X-ray, Left Knee X-ray (4views): 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.