

Case Number:	CM15-0036270		
Date Assigned:	03/04/2015	Date of Injury:	08/31/2012
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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: Illinois, California, Texas
 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 40-year-old female who sustained an industrial injury on 8/31/12. The mechanism of injury was cumulative trauma to the neck, upper back, knees, and shoulders. The 10/9/14 treating physician report cited grade 6/10 left knee pain. The patient favored the right knee with ambulation and had 0-90 degrees of left knee range of motion. The diagnosis included left knee medial meniscus tear with Baker's cyst. The treatment plan recommended left knee arthroscopy with partial medial meniscectomy. The 12/18/14 and 1/8/15 treating physician reports indicated that left knee pain had increased to 8/10. Physical exam was limited to range of motion, which was 0-90 degrees. On 2/13/15, utilization review non-certified a request for a left knee arthroscopy, anesthesiologist-intrepid anesthesia and pre-op medical clearance. The utilization review physician cited the ODG guidelines and medical necessity. The rationale for non-certification indicated that there were limited physical exam findings, and no documentation of imaging findings or prior conservative treatment. On 2/23/15, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy, Left Knee: 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, Indication for Surgery.

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

Decision rationale: The California MTUS support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have not been met. There is no documentation of mechanical symptoms associated with the left knee pain. Physical exam findings are limited to range of motion. There is no clinical exam or imaging evidence in the provided records to support the diagnosis of a medial meniscus tear and the medical necessity of surgery. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left knee and failure has not been submitted. Therefore, this request is not medically necessary.

Anesthesiologist, Intrepid Anesthesia: 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-op 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.