MAXIMUS Federal Services

Case Number:	CM15-0045002		
Date Assigned:	03/17/2015	Date of Injury:	06/30/2010
Decision Date:	05/12/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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 reported an injury on 06/30/2010 due to cumulative trauma. Her diagnoses include bilateral medial meniscus tear. On 01/19/2015, the injured worker complained of bilateral knee pain rated 8/10. The physical examination revealed range of motion of the bilateral knees was normal. There was patellar tendon tenderness and effusion present bilaterally. The injured worker also had a positive medial McMurray's bilaterally. Muscle strength, sensation, reflexes were noted to be normal. Other vascular tests were noted to within normal values. An ultrasound of the bilateral knees revealed a bilateral medial meniscus tear. The treatment plan included arthroscopy, left knee partial medial meniscectomy, chondroplasty, and debridement. The injured worker has had physical therapy, home exercise, activity modification, and anti-inflammatories. The rationale indicated the injured worker has failed all attempts at aggressive conservative treatments indicating her to be a surgical candidate. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopic partial medial meniscectomy, chondroplasty and debridement:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-349,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated for patients who have activity limitation for more than 1 month that have failed exercise programs to increase range of motion and strength of the musculature around the knee. Furthermore, a partial meniscectomy is indicated when there is clear evidence of a meniscus tear with a clear sign of a bucket handle tear on examination and tenderness over the suspected tear but not over the entire joint line with consistent findings on MRI. The injured worker was noted to have chronic left knee pain. However, there was lack of documentation indicating the injured worker had tenderness over the suspected area and lack of passive flexion. There was also lack of symptoms such as locking, clicking, popping, giving way, or recurrent effusion. Furthermore, there was lack of documentation that a MRI was performed as indicated by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Pre-op medical clearance: 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); Low Back-Lumbar and Thoracic Chapter.

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.

Supervised postoperative rehab therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24 and 25.

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 (CPM) device for 14 days (rental): 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 Chapter.

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.

Surgi stem unit #90 days (rental): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-118.

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.

Coolcare Cold therapy unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Chapter.

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.