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| Case Number: | CM15-0045301 | | |
| Date Assigned: | 03/17/2015 | Date of Injury: | 12/10/2014 |
| Decision Date: | 04/20/2015 | UR Denial Date: | 03/05/2015 |
| 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: 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 44-year-old male who sustained an industrial injury on 12/10/14. Injury occurred when his left knee slipped hyperextended and popped getting out of a tailgate. Recent left knee sprain/strain was noted relative to tripping getting into a truck. The 12/17/14 left knee MRI impression documented partial tearing of the posterior medial meniscus root, which has a heterogeneous appearance internal linear signal. There was moderate joint effusion and mild superficial cartilage thinning of the patellar, central trochlear, and medial femoral condyle cartilage. Ligaments were intact. Conservative treatment included anti-inflammatory medication, bracing, physical therapy and activity modification. The 2/24/15 treating physician report cited continued grade 1-2/10 left knee pain. There was no swelling. It hurt when he squatted or went down stairs. Physical exam documented no effusion, gross deformity or malalignment. Range of motion was unrestricted, 0-150 degrees. There was medial joint line tenderness and equivocal McMurray's. The diagnosis was internal derangement left knee. The treatment plan indicated that the patient may have a torn medial meniscus. The injured worker was given the option of continued conservative treatment or arthroscopy. He wished to proceed with surgery and a left knee arthroscopy was requested. The patient had been terminated. The 3/6/15 utilization review non-certified the request for left knee arthroscopy and associated services as there was no documentation that the injured worker had exhausted all conservative treatment and there were relatively benign exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, Diagnostic arthroscopy.

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

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines 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. Guideline criteria have not been met. There is imaging evidence of a partial medial meniscus tear. However, there no current documentation of symptoms other than right knee pain. Clinical exam documented medial joint line tenderness but range of motion was essentially functionally unrestricted. There was no swelling, instability, locking, popping or clicking. McMurray's was equivocal. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Post-operative physical therapy 2 times a week for 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.

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

