

Case Number:	CM15-0046061		
Date Assigned:	03/18/2015	Date of Injury:	08/15/2014
Decision Date:	05/08/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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 44-year-old male who reported an injury on 08/15/2014. The mechanism of injury involved a fall. The current diagnoses include internal derangement of the knee, hip strain, and ankle strain. The injured worker presented on 02/12/2015 for a follow-up evaluation with complaints of persistent locking of the knee. The injured worker was working regular duties; however, at a job requiring physical activities. Upon examination, there was full range of motion of the knee with a positive McMurray's sign and a significant popping sound. There was no effusion noted. The provider indicated that the injury occurred over 6 months ago and the injured worker continued to have mechanical symptoms. An MRI was reportedly positive for a tear of the posterior horn of the medial meniscus. At that time, the provider recommended arthroscopic surgery with a probable partial medial meniscectomy. Twelve sessions of postoperative physical therapy and axillary crutches were also recommended. There was no Request for Authorization form submitted for this review. An official MRI of the left knee, completed on 11/06/2014, was submitted for review, indicating a small tear of the posterior horn of the medial meniscus with mild tendinosis of the proximal patellar tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic Surgery with Probable Partial Medial Meniscectomy: Upheld

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

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 limitations for more than 1 month and a failure of exercise programs. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain upon examination. There should be documentation of a bucket handle tear on examination and consistent findings on MRI. In this case, there was no documentation of an attempt at any recent conservative treatment in the form of active rehabilitation or exercise. In addition, the request as submitted failed to specify whether the procedure would be performed on the right knee or the left knee. Given the above, the request is not medically appropriate at this time.

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.

Post-Op physical therapy two times a week for six weeks for the left knee: 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.

Associated surgical service: Crutches: 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.