MAXIMUS Federal Services

Case Number:	CM15-0048909		
Date Assigned:	03/20/2015	Date of Injury:	05/13/2009
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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 59 year old female, who sustained an industrial injury on 5/13/2009. She reported a trip and fall injury. The injured worker was diagnosed as having medial meniscus tear, symptomatic, status post right knee arthroscopy, partial medial meniscectomy on 5/13/2009, and right knee recurrent internal derangement. Treatment to date has included surgical (right knee x2, most recently in 2011) and conservative measures. Currently, the injured worker complains of continued right knee pain. She reported occasional clicking and catching. A magnetic resonance imaging of the right knee, performed on 1/17/2015, was included. The assessment noted probable recurrent medial meniscus tear of the right knee. The treatment plan included an arthroscopic surgery. A current medication regime was not noted, but medication use included Valium. The progress report, dated 1/15/2015, noted a substantial limp with ambulation. Tenderness to palpation over the medial joint line was noted, with minimal patellofemoral crepitus and peripatellar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Scope with Medial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344.

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

Decision rationale: The California MTUS ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to the Official Disability Guidelines, Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 1/15/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore, the request is not medically necessary.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Physical Therapy QTY 12: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.