

Case Number:	CM15-0049674		
Date Assigned:	03/23/2015	Date of Injury:	09/08/2011
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
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, 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 68-year-old female who reported injury on 09/08/2011. The mechanism of injury was the injured worker picked up a chair and it hit her knee. The diagnosis included osteoarthritis unspecified whether generalized or localized involving lower leg. The medications were not provided. The injured worker underwent a right knee partial medial meniscectomy on 06/19/2012. The unofficial MR arthrogram of the right knee was noted to be on 10/28/2013, which revealed truncation of the posterior horn of the medial meniscus consistent with previous partial meniscectomy; partial meniscectomy, interval development of parameniscal cyst near the posterior horn segment, moderate sized Baker's cyst and mild loss of articular cartilage in medial compartments. Prior therapies included physical therapy, medication and injections. The documentation of 02/03/2015 revealed the injured worker had ongoing discomfort in her knee. The injured worker had throbbing pain that increased with walking, sitting and kneeling. The physical examination of the right knee revealed trace effusion and tenderness to palpation of the patellofemoral and medial joint line. There was crepitus with range of motion. Range of motion was 0 to 110 degrees due to pain. The injured worker had a positive McMurray's medially. The injured worker had a stable knee on examination with 4/5 strength in flexion and extension. The treatment plan included right knee diagnostic arthroscopy, surgical assistant, postoperative pain medication of Norco 5/325 quantity 60, and postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Diagnostic Arthroscopy: 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) Treatment Index, 11th Edition (web), 2014, Knee & Leg, Diagnostic Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Diagnostic arthroscopy.

Decision rationale: The Official Disability Guidelines indicate for a diagnostic arthroscopy there should be documentation of a failure of conservative care including medications or physical therapy plus pain and functional limitations that continue despite conservative care and there should be documentation the imaging is inconclusive. The clinical documentation submitted for review indicated the injured worker had medications and physical therapy. However, the duration of conservative care was not provided. There was a lack of documentation of functional limitations. Additionally, the imaging was noted to include a mild loss of articular cartilage in the medial compartment, truncation of the posterior horn of the medial meniscus that was consistent with a partial meniscectomy and interval development of a parameniscal cyst near the posterior horn segment. There was a moderate sized Baker's cyst. There was no official MRI submitted for review. Given the above and the lack of documentation, the request for right knee diagnostic arthroscopy is not medically necessary.

Pre-Operative Labs (CBC and CMP): 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 Request: Electrocardiogram: 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.

Surgical Assistant: 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.