

Case Number:	CM15-0058293		
Date Assigned:	04/03/2015	Date of Injury:	12/06/2014
Decision Date:	05/22/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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 61-year-old female who reported an injury on 12/06/2014. The mechanism of injury involved a fall. The current diagnoses include right knee sprain, right knee medial meniscal tear, and right knee mild arthritis. The injured worker presented on 01/21/2015 for a follow-up evaluation. The injured worker reported persistent pain at the medial side of the right knee, aggravated with prolonged standing. The injured worker also reported occasional swelling without feelings of instability. Upon examination of the right knee, there was 0 degrees to 115 degrees range of motion, trace effusion, moderate tenderness, negative Lachman test, negative posterior drawer test, and intact sensation. X-rays of the right knee revealed mild medial joint space narrowing. Recommendations at that time included a right knee arthroscopy with partial meniscectomy and chondroplasty. An official imaging study completed on 12/17/2014 revealed evidence of mild to moderate joint effusion, thinning of the patellar articular cartilage, articular surface pitting/irregularity of both medial and lateral condyles, severe narrowing of the medial compartment, and a torn posterior horn. A Request for Authorization form was submitted on 01/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arroscopy: Possible Menisectomy Debridement, Chondroplasty and Lateral Release (TBD): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. In this case, it is noted that the injured worker has attempted conservative treatment in the form of physical therapy. However, there is no evidence of an exhaustion of conservative management to include anti-inflammatory medication. In addition, the injured worker had imaging evidence of arthritic changes. California MTUS/ACOEM Practice Guidelines state an arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Given the above, the request is not medically necessary at this time.

Post-Operative Knee Exercise Kit: 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-Operative Right Knee Hinged Brace: 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-Operative Cold Therapy Unit (for the right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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-Operative Interferential (IF) Unit (with supplies for the right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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.