

Case Number:	CM14-0121536		
Date Assigned:	09/16/2014	Date of Injury:	01/27/2010
Decision Date:	11/12/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old male with a 1/27/10 date of injury, and right knee meniscal tear, partial medial meniscectomy, and chondroplasty on 10/25/13. At the time (7/1/14) of request for authorization for; Right knee scope with excision of plica, partial meniscectomy, chondroplasty and synovectomy; Post-op Physical Therapy 2x4; Crutches post-op; Internal Medicine consult and 1 follow up for medical clearance; Blood work; Electrocardiogram; and Chest X-Ray, there is documentation of subjective (right knee pain with clicking, grinding, popping, and swelling) and objective (tenderness over right knee with painful range of motion, palpable plica, medial joint line tenderness, and bilateral patellofemoral crepitation) findings, imaging findings (reported X-Ray right knee (3/31/14) revealed mild medial joint arthritis and spurs at the patellofemoral joint; report not available for review), current diagnoses (right knee medial joint arthritis, symptomatic right knee plica syndrome, and bilateral feet pain), and treatment to date (knee injection and medications). Medical reports identify that internal medicine consult & 1 follow up appointment for medical clearance to include blood work, EKG, and chest X-Ray prior to surgery. There is no documentation of a meniscal tear on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee scope with excision of plica, partial meniscectomy, chondroplasty and synovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Meniscus Tear, page(s) 344-345; Official Disability Guidelines (ODG) Knee, Meniscectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear on MRI; symptoms (pain, and locking, or popping, or giving way, or recurrent effusion); and clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion), as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), and at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of diagnoses of right knee medial joint arthritis, symptomatic right knee plica syndrome, and bilateral feet pain. In addition, there is documentation of subjective (right knee pain with clicking, grinding, popping, and swelling) and objective (tenderness over right knee with painful range of motion, medial joint line tenderness, and bilateral patellofemoral crepitation) findings. Furthermore, there is documentation of conservative care (medications). However, there is no documentation of a meniscal tear on MRI. Therefore, based on guidelines and a review of the evidence, the request for Right knee scope with excision of plica, partial meniscectomy, chondroplasty and synovectomy is not medically necessary.

Post-op Physical Therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Crutches post-op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Internal Medicine consult and 1 follow up for medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Blood work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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