

Case Number:	CM14-0131979		
Date Assigned:	08/22/2014	Date of Injury:	03/01/2012
Decision Date:	10/21/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopedic Surgery 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:

The claimant is a 55 year old female who injured both of her knees in a work related accident on 03/01/12. The clinical records provided for review included the follow up report dated 05/20/14 noting ongoing complaints of bilateral knee pain that was worse with repetitive work activities and motion. Physical examination showed moderate tenderness diffusely, trace effusion, zero to 120 degrees of range of motion and no ligamentous instability bilaterally. The claimant was diagnosed with "bilateral knee pain". The report documented that conservative care has included physical therapy, medication management and activity restrictions with no documented improvement. The clinical records did not contain any imaging reports. The treating physician documented that the claimant has underlying degenerative arthritis bilaterally and meniscal tearing. There is no documentation of prior treatment from a surgical standpoint. This review is for a request for bilateral knee arthroscopies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Knee arthroscopies: 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) Knee & Leg Chapter, Meniscectomy: and ODG Indications for Surgery - Meniscectomy: Criteria for Meniscectomy or meniscus repair.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345..

Decision rationale: Based on California MTUS Guidelines, the request for bilateral knee arthroscopies is not recommended as medically necessary. The medical records provide for review do not contain any documentation of imaging reports for review. The claimant is diagnosis with underlying degenerative joint disease and meniscal pathology. California MTUS Guidelines clearly indicate that underlying degenerative arthritis and the clinical presentation of arthritis, are contraindications to surgical intervention for meniscal tearing. Without documentation of formal imaging, to clarify the claimant's joint space for underlying degenerative change in meniscal tissue, the proposed bilateral knee arthroscopies cannot be supported. Therefore, the request is not medically necessary.

Pre-op Clearance w/Internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bibliographic Source (s): Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p. (26 references)

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; Physical therapy x24: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.