

Case Number:	CM14-0143608		
Date Assigned:	09/12/2014	Date of Injury:	10/12/2012
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/04/2014

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 records presented for review indicate that this 38-year-old male was reportedly injured on October 12, 2012. The mechanism of injury is noted as kneeling down to "perform a pat-down check on a passenger." The most recent progress note, dated August 14, 2014, indicates that there are ongoing complaints of left knee pain, as a result of compensatory symptoms from the original right knee injury of October 2012. The progress notes state that the left knee pain is a result of an altered gait, favoring the injured right knee. The physical examination demonstrates a well aligned neutral knee was standing and supine evaluation. There is a 1+ effusion with medial joint tenderness. There's pain with McMurray testing and twisting maneuvers. He has stable ligaments to stress testing in all planes. Diagnostic imaging studies include an MRI of the left knee and reported the following findings: a chondral defect of the medial femoral condyle and a recurrent medial meniscus tear. Previous treatment is unclear. A request had been made for left knee arthroscopy, a surgical assistant, and 12 postoperative physical therapy sessions, and was non-certified in the pre-authorization process on August 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Knee Arthroscopy, Possible Microfracture Vs. Osteoarticular Transfer System, Possible Partial Meniscectomy, Possible Repair, And Possible Chondro: Upheld

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

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

Decision rationale: While the ACOEM states that arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscal tear, patients suspected of having meniscal tears can be encouraged to live with symptoms to retain the protective effect of the meniscus. Without progressive or severe activity limitation, the ACOEM does not recommend surgical intervention, as conservative methods can maximize healing. Failure to demonstrate use of any and/or exhaustion of conservative methods, such as rest, ice, compression and elevation, as well as failure to provide documentation of any limitations in functionality, along with the guidelines in the ACOEM, the request is not medically necessary.

1 Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013. Low Back Chapter Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Surgical Assistant

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

12 post-operative physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 9792.24.3.

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