

Case Number:	CM14-0179207		
Date Assigned:	11/03/2014	Date of Injury:	11/01/2006
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/28/2014

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 Surgeon and is licensed to practice in Pennsylvania. 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 injured worker is a 48-year-old female who reported an injury on 11/01/2006. The mechanism of injury was due to being struck by a pallet on her left knee. The injured worker's diagnoses include lumbar sprain/strain, lumbar spinal stenosis, lumbar radiculopathy, left knee internal derangement, left knee osteoarthritis, and left knee status post-surgery. Past medical treatment consists of surgery, aquatic therapy, physical therapy, and medication therapy. Medications consisted of Terocin patches, Methoderm gel, Xolido cream, Theramine, Trepadone, Sentra AM, Sentra PM, and Gabadone. On 08/06/2014 the injured worker underwent an MRI of the left knee, which revealed anterior and posterior cruciate ligaments which appeared intact with normal tibial and femoral attachments. Medial meniscus appeared normal in configuration. It was also noted that there seemed to be degenerative arthritis, marrow reconversion in distal femur, and moderate knee joint effusion with fluid extending into suprapatellar bursa. On 09/03/2014, the injured worker complained of constant low back pain. The injured worker also complained of left knee pain. It was noted that the injured worker rated the pain at a 5/10. Physical findings of the lumbar spine revealed a flexion of 30 degrees, extension of 5 degrees, right lateral flexion 10 degrees, left lateral flexion 10 degrees. There was a positive straight leg raise on the left. It was also noted that the injured worker was tender at the paravertebral muscles with spasm. Examination of the left knee revealed a flexion of 120 degrees, extension of 0. It was documented that the injured worker had decreased sensation to the left lower extremity at L5-S1 bilaterally. Reflexes were 2/4. Medical treatment plan was for the injured worker to undergo a redo arthroscopic surgery to the left knee. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED]: Redo Arthroscopic Surgery to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation ODG, Indicators for meniscectomy

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

Decision rationale: The request for a redo arthroscopic surgery to the left knee is not medically necessary. According to American College of Occupational and Environmental Medicine (ACOEM), arthroscopic meniscectomy are usually recommended as a high success for cases in which there is clear evidence of meniscus tear. They are also recommended with clear signs of locking, popping, giving away, recurrent effusion, clear signs of bucket handle tear on examination, and consistent findings on magnetic resonance imaging (MRI). However, patients suspected of having meniscal tears, but without progressive or severe activity limitations, can be encouraged to live with symptoms to retain the protective effect of the meniscus. Physical examination dated 09/03/2014 did not indicate that the injured worker had findings of locking, popping, giving way, or recurrent effusion. There was also no signs of bucket handle tear on examination. Additionally, it was documented that the injured worker underwent arthroscopic meniscectomy on 02/06/2014. There was no indication of the injured worker having trialed and failed conservative treatment, postoperative physical therapy, or any other methods to maximize healing. Furthermore, the MRI that was obtained on 08/06/2014 of the left knee revealed signs of the injured worker having degenerative arthritis. Guidelines do not recommend meniscus surgery for those who are exhibiting signs of degenerative changes. Given the above, the injured worker is not within ACOEM recommended guideline criteria. As such, the request is not medically necessary.

[REDACTED]: Chiropractic Therapy once a week for four weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual manipulation.

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.