

Case Number:	CM14-0212742		
Date Assigned:	12/30/2014	Date of Injury:	04/02/2013
Decision Date:	03/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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

CLINICAL CASE SUMMARY

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

60 year old male claimant with an industrial injury dated 01/19/12. The patient is status post a right knee arthroscopy with debridement of the femoral groove lateral femoral condyle, removal of tibial osteophyte, reconstruction of the patellar tendon, and excision of popliteal cysts as of 11/04/13. MRI dated 02/11/14 reveals Osgood-Schlatter or possible post-traumatic tibial tendinitis. Exam note 12/19/14 states the patient returns with left knee pain. The patient rates the pain a 6/10 with medications and an 8/10 without. Current medications include Ibuprofen, Tramadol, Ambien, Pennsaid, Advil, and Tylenol. Upon physical exam the patient demonstrated a slowed gait without any assistive devices. Exam Hawkins was noted as positive. There was evidence of tenderness surrounding the subdeltoid bursa. The patient revealed pain with passive internal rotation of the hips at the groin. The right knee had evidence of tenderness over the patella along with a mild effusion in the right knee joint. Range of motion was limited with a flexion of 90' limited with pain. Diagnosis is noted as pain over the lower leg joint, hip pain, and knee pain. Treatment includes left knee arthroscopy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy & excise tibial tubercle: 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): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Meniscectomy section.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion)According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 12/19/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is not medically necessary.

Associated surgical service: Post-op physical therapy 2 x 6: 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.