

Case Number:	CM14-0216454		
Date Assigned:	12/30/2014	Date of Injury:	12/06/2012
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/26/2014

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: New York, New Hampshire, Washington
 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:

The patient is a 44-year-old male with a date of injury of December 6, 2012. The patient has chronic left knee pain. The patient also reports swelling and buckling of the knee. On physical examination there is a positive patellar grind test and positive McMurray test. There is a painful range of motion. The medical records indicate that physical therapy was prescribed, however they do not document any therapy sessions were actually attended were completed. The patient continues to have pain. MRI the left knee does not clearly demonstrate bucket handle meniscal tear or significant internal derangement. At issue is whether left knee arthroscopic surgery is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Arthroscopy with repair of internal derangement at [REDACTED]: 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
Page(s): 343-344.

Decision rationale: This patient does not meet criteria for left knee arthroscopic surgery. Specifically the medical records do not document a trial and failure of adequate conservative measures to include physical therapy. Also, the MRI does not clearly show bucket-handle meniscal tear. There were no red flag indicators for immediate knee surgery such as bucket-handle meniscal tear, fracture or tumor. Additional conservative measures or medically necessary. Arthroscopic knee surgery not needed at this time.

Associated surgical services-Medical Clearance with Internist: 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.

Associated surgical services-Twelve Post-op sessions of Physical Therapy: 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.

Associated surgical services-1 pair of Crutches: 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.