

Case Number:	CM14-0217482		
Date Assigned:	01/07/2015	Date of Injury:	02/28/2010
Decision Date:	03/20/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: Illinois, California, Texas
 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 injured worker is a year old 40 male who sustained a work related injury on February 28, 2010, incurring back and knee injuries from an industrial injury. The 3/13/14 right knee MRI impression documented type II signal changes of the medial meniscus with no medial meniscus tear, mild patellar tendinosis, multilevel superficial fissures of the patellar articular cartilage, small knee effusion, and scarring of Hoffa's fat pad most likely related to prior trauma. Some improvement was noted with medications, TENS unit, physical therapy, and injections, although the specific body part was not documented. The 9/23/14 treating physician report cited on-going grade 7/10 right knee pain with associated locking, clicking, and giving way of the knee. He reported difficulty with gait. Knee exam documented symmetrical normal range of motion with positive McMurray's bilaterally, and mild to moderate tenderness over the medial and lateral joint lines bilaterally. The diagnosis was bilateral knee degenerative joint disease, patellar tendinitis, and internal derangement. The treatment plan recommended right knee diagnostic arthroscopy. On December 5, 2014, a request for a service of preoperative clearance for surgery was non-certified by Utilization Review as the associated surgery was not found to be medically necessary, noting the California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Pre-operative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 210 Jun. 40p. [26 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. This request was denied based on the associated surgical procedure being found not medically necessary. Records indicate that the patient was continuing conservative treatment, including physical therapy for both knees, with no evidence of failure. There is no indication the associated right knee diagnostic arthroscopy has been found medically necessary to support the need of a pre-operative clearance for surgery at this time. Therefore, this request is not medically necessary.