

Case Number:	CM15-0003170		
Date Assigned:	01/14/2015	Date of Injury:	08/10/2005
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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
 Certification(s)/Specialty: Neurological 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 65 year old male, who sustained an industrial injury on 8/10/2005. Mechanism of injury is not described The current diagnoses are right medial meniscal tear. Currently, the injured worker complains of right knee pain. However, the physical exam on 12/1/14 showed a full range of motion with no atrophy weakness nor positive provocative tests. Treatment to date has included medications, activity modification, physical therapy, and home exercise program. The MRI (8/30/2012) shows an oblique tear of the right medial meniscus. The treating physician is requesting right knee arthroscopy, possible arthroscopic medial and lateral meniscectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance, post-operative physical therapy, cold therapy unit, crutches, E-stim, and assistant surgeon, which is now under review. On 12/15/2014, Utilization Review had non-certified a request for right knee arthroscopy, possible arthroscopic medial and lateral meniscectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance, post-operative physical therapy, cold therapy unit, crutches, E-stim, and assistant surgeon. The surgery was non-certified based on no documentation that the claimant has symptoms other than pain. The California MTUS and ACOEM Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, possible arthroscopic medial and lateral meniscectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343,344,.

Decision rationale: California MTUS guidelines indicate that surgical considerations may be indicated if the worker has a failure of exercise programs to increase motion and strength and activity limitation, Since the worker has normal motion and strength the question would be why consider surgery. Activity limitation is not documented. Moreover, a followup MRI scan has not been obtained. The worker does not fulfill the criteria for repair laid out by the MTUS guidelines. Documentation does not supply any complaints of locking, popping, or giving way or clear signs of a bucket handle tear. Thus this request for right knee arthroscopy, possible arthroscopic medial and lateral meniscectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance is not appropriate or medically necessary.

Post-operative physical therapy, three times weekly for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the request for right knee arthroscopy, possible arthroscopic medial and lateral meniscectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance is not recommended, post-operative physical therapy, three times weekly for four weeks is not needed

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

Cold therapy unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the request for right knee arthroscopy, possible arthroscopic medial and lateral meniscectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance is not recommended, cold therapy unit is not needed.

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

Crutches and E-stim: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the request for right knee arthroscopy, possible arthroscopic medial and lateral menisectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance is not recommended, crutches and E-stim is not needed.

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

An assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the request for right knee arthroscopy, possible arthroscopic medial and lateral menisectomy vs repair, debridement and chondroplasty, and pre-operative medical clearance is not recommended, an assistant surgeon is not needed.

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