

Case Number:	CM15-0015201		
Date Assigned:	02/03/2015	Date of Injury:	10/15/2013
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: Minnesota, Florida
 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:

This 29-year-old female sustained a work-related injury to her bilateral knees and right hand and wrist on 10/15/2013 due to a fall. According to the progress notes dated 2/4/2015, the injured worker's (IW) diagnoses are tenosynovitis of the right hand/wrist, carpal tunnel syndrome (negative EMG and Nerve Conduction Study), right knee sprain/strain and possible meniscus tear of the right knee. She reports shooting pain to the right knee, spasms to the left knee, right elbow pain and tingling to the right hand and forearm. She also has complaints of the right knee buckling. MRI of the right knee dated 6/24/2014 was negative for meniscal tear. However, it showed tendinosis of the patella tendon superiorly and showed increased signal consistent with a partial thickness tear of the anterior cruciate ligament, proximally. Previous treatment included medications, heat and ice, wrist splint and ankle brace, injections and physical therapy. The treating provider requests one right knee arthroscopy (partial, medial, lateral meniscectomy, synovectomy, debridement, chondroplasty, lavage; medical clearance; cold therapy; post-op meds: Norco 10/325 #65 and post-op physical therapy twice weekly for eight weeks. The Utilization Review on 1/9/2015 non-certified one right knee arthroscopy (partial, medial, lateral meniscectomy, synovectomy, debridement, chondroplasty, lavage; medical clearance; cold therapy; post-op meds: Norco 10/325 #65 and post-op physical therapy twice weekly for eight weeks, citing ACOEM guidelines, Chapter 13. An MR Arthrogram of the knee was suggested as a diagnostic test for persisting symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy partial medial lateral meniscectomy synovectomy, debridement chondroplasty lavage: 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): 343, 344, 345.

Decision rationale: California MTUS guidelines indicate surgical consideration for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear with consistent findings on MRI. The MRI scan of the right knee dated 6/24/2014 did not show any meniscal tear. A subsequent ultrasound examination showed a partial-thickness tear of the lateral meniscus; however, this was not confirmed. Based upon the absence of a tear on the MRI scan the request for arthroscopy with partial medial or lateral meniscectomy is not supported. Based upon the absence of a chondral defect on the MRI scan, the request for chondroplasty is not supported. Furthermore, the MRI scan did not show any sign of synovitis or presence of excessive joint fluid. Therefore a synovectomy is not indicated. In light of the above, the request for arthroscopy of the right knee with partial medial and lateral meniscectomy, synovectomy, debridement, chondroplasty, and lavage is not supported and the medical necessity is not established.

Associated surgical service: 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, 345.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for ancillary services is also not medically necessary.

Associated surgical service: Cold therapy: 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, 345.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for ancillary services is also not medically necessary.

Post-operative Norco 10/325mg # 65: 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, 345.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for ancillary services is also not medically necessary.

Post-operative physical therapy 2 times a week for 8 weeks: 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, 345.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for ancillary services is also not medically necessary.