

Case Number:	CM15-0017953		
Date Assigned:	02/05/2015	Date of Injury:	01/02/2013
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: 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 62 year old male, who sustained an industrial injury on 1/2/13. The 6/20/13 right knee MRI showed an oblique tear of the medial meniscus, there was some thinning of the medial joint line and the medial femoral condyle and medial tibia area. He underwent chondroplasty of the medial femoral condyle with a chondroplasty of the inferior surface of the patella, resection of a plica and partial medial meniscectomy on 8/20/13. The 10/9/14 treating physician report cited on-going right knee pain that hurts a lot at night. Functional difficulty was noted with stairs. He was using Vicodin for pain. Physical exam documented medial joint line tenderness and range of motion 0-110 degrees. X-rays showed obvious joint space narrowing in the right knee medial side. The diagnosis was probable right knee medial meniscus tear and on-going right knee mild degenerative changes. The treatment plan indicated that MRI had been approved. If there is al meniscus tear, will consider doing an arthroscopy. The patient was released to continue regular work. According to the utilization review performed on 1/16/15, the requested right knee meniscectomy with synovectomy; associated surgical service: medical clearance and post-op physical therapy for the right knee, 2-3 times a week for 6 weeks has been non-certified. The rationale cited absence of mechanical symptoms to suggest meniscal pathology and a current request for MRI. ODG knee and leg chapter was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee meniscectomy with synovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have not been met. The patient presents with persistent right knee pain with limited evidence of significant functional limitations or mechanical signs. There is no post-operative imaging available. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Associated surgical service: medical clearance: 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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN), 2010 Jun. page 40.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op physical therapy for the right knee, 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.