

Case Number:	CM15-0110491		
Date Assigned:	06/17/2015	Date of Injury:	10/19/1999
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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: California, Indiana, Oregon
 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 74 year old female, who sustained an industrial injury on 10/19/1999. She reported a fall on a tile floor. The injured worker was diagnosed as having other and unspecified derangement of medial meniscus. Treatment to date has included diagnostics, bilateral shoulder surgeries, cortisone injections to the left knee, and medications. X-rays of the left knee (10/29/2014) were unremarkable. Magnetic resonance imaging of the left knee (12/29/2014) could not exclude meniscal contusion or small peripheral tear. On 1/28/2015, the injured worker complained of left knee still hurting after steroid injection. Medication use included Ibuprofen and she was currently retired. Physical exam of the knee noted no swelling or tenderness to palpation, range of motion 0-135 degrees, and positive McMurray test. The treatment plan included left knee arthroscopy, meniscectomy with chondroplasty, and PA-C as assistant surgeon, with pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee arthorscopy, menisectomy with chondroplasty and PA-C as assistant surgeon, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the MRI of 12/29/14 does not demonstrate clear evidence of meniscus tear. Therefore the request is not medically necessary.

Pre operative clearance, in house, prior to Left Knee surgery as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing, Preoperative electrocardiogram (ECG), Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.