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| Case Number: | CM15-0111160 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 10/14/2013 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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 61 year old male, who sustained an industrial injury on 10/14/13. The injured worker had initial complaints of a left knee injury. The injured worker was diagnosed as having bilateral medial meniscus tears; status post bilateral medial menisectomies - knees; osteoarthritis bilateral knees; lumbar strain. Treatment to date has included status post left knee arthroscopy with medial menisectomy/excision of medial plica (6/25/07); left knee arthroscopy with medial menisectomy (2/14/2014); left knee brace; physical therapy; medications. Diagnostic study included MRI Arthrogram left knee (12/10/13; 4/22/15). Currently, the PR-2 notes dated 5/5/15 indicated the injured worker complains of bilateral knee pain. He returns to the office to review the left knee MRI dated 4/22/15. Treatment to date includes physical therapy; medications; activity modification, braces and multiple surgeries. Physical examination of his left knee demonstrates no swelling, normal sensation, motor strength is 5/5 and his neurovascular status is intact. He has medial joint line tenderness and positive McMurray with full range of motion of the left knee. The MRI arthrogram of the left knee dated 4/29/15 reveals interiorly surfacing oblique tear versus post menisectomy changes in the body and posterior horn of the medial meniscus and denudation of articular cartilage in the inferior aspect of the central femoral trochlea. The provider relates that the surgery in February 2015 did not help the injured worker at all and his symptoms are still the same as before his surgery. He notes the medial joint line tenderness and a positive McMurray's sign medially with mechanical symptoms and the MRI that shows a medial meniscus tear that is quite large and readily visible. The provider's

treatment plan included left knee arthroscopic partial medial meniscectomy; pre-operative EKG and post-operative physical therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee, Arthroscopic Partial Medial Meniscectomy: Upheld

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

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 from 4/22/15 shows no clear evidence of meniscus tear. Based on this the request is not medically necessary.

Post operative Physical Therapy, 12 sessions: 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 Official Disability Guidelines (ODG) knee.

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

Pre operative EKG (electrocardiogram): 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 Official Disability Guidelines (ODG) knee.

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