

Case Number:	CM15-0118944		
Date Assigned:	06/29/2015	Date of Injury:	06/13/2014
Decision Date:	09/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an industrial injury on 6/13/2014. His diagnoses, and/or impressions, are noted to include: right knee meniscal tear. No current imaging studies are noted. His treatments are noted to include diagnostic studies; mediation management; and modified work duties. The progress notes of 5/7/2015 reported an evaluation with discussion for right knee surgery choices. Objective findings were noted to include that finding of the right knee benefitting from meniscectomy scope, and not being quite ready for total knee arthroplasty. The physician's requests for treatments were noted to include multiple arthroscopic surgical procedures of the right knee, with pre-operative clearance and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscectomy, right knee Qty1: 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): 344-345.

Decision rationale: According to the MTUS, "Arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of meniscus tear, symptoms other than simply pain (locking, giving way, recurrent effusion), clear signs of bucket handle tear on examination (tenderness over the suspected tear, but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." The injured worker has clear physical examination evidence of meniscus pathology. No diagnostic studies were submitted for review. There was no mention of failure of conservative treatments to include physical therapy. The request as such cannot be supported at this time.

Arthroscopic debridement, right knee Qty1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Arthroscopic abrasion arthroplasty, right knee Qty1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Arthroscopic synovectomy, right knee Qty1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-op medical clearance, right knee Qty 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op physical therapy, twice weekly, right knee Qty 12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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