

Case Number:	CM15-0119871		
Date Assigned:	06/30/2015	Date of Injury:	11/01/2014
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 female, who sustained an industrial injury on 11/01/2014. She reported a loss in balance caused a fall resulting in injury to the low back, right hip and right knee. Diagnoses include right groin strain, right knee contusion, right knee strain, right hip contusion, right hip strain, lumbosacral contusion, resolved, and lumbosacral spine strain. Treatments to date include activity modification and rest. NSAIDs were noted to cause an upset stomach. Currently, she complained of pain in the lower back down right hip and pain in the right knee. MRI obtained 5/19/15 revealed a meniscus tear and joint effusion. On 5/26/15, the physical examination documented tenderness and painful McMurray's test of the right knee. The treating diagnoses included lumbar central canal stenosis, right hip arthritis, and symptomatic meniscal tear, which will require arthroscopy. The plan of care included outpatient right knee arthroscopy with medial meniscectomy, outpatient postoperative physical therapy to right knee three times a week for four weeks, and outpatient postoperative physical therapy using traction to lumbar spine three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Meniscectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation ODG Knee and Leg section, Meniscectomy section.

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 exam notes from 5/26/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. Therefore, the request is not medically necessary.

Post-operative physical therapy, 3 times a week for 4 weeks, to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

Post-operative physical therapy using traction, 3 times a week for 4 weeks, to the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

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