

Case Number:	CM15-0125377		
Date Assigned:	07/09/2015	Date of Injury:	05/23/2006
Decision Date:	08/13/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 60 year old male with an industrial injury dated 05/23/2006. The injured worker's diagnoses include bilateral knee osteoarthritis and lower leg pain. Treatment consisted of diagnostic studies, prescribed medications, knee injections, status post right knee arthroscopy x 2; status post left knee arthroscopy x 1 and periodic follow up visits. In a progress note dated 06/08/2015, the injured worker reported bilateral knee pain. The injured worker rated pain a 7/10. Bilateral Knee Magnetic Resonance Imaging (MRI) dated 01/25/2015 revealed positive left medial meniscal tear, positive right partial/moderate anterior cruciate ligament (ACL) tear and bilateral mild chondromalacia medial femoral condyle. Objective findings revealed steady gait, no leg weakness, decrease back range of motion, positive thoracic spine tenderness to palpitation, positive radiation to bilateral flanks, and decrease range of motion of bilateral knees with positive crepitus and tenderness. The treating physician prescribed services for Surgery: right knee arthroscopic meniscectomy, right knee arthroscopy chondroplasty, post-op physical therapy sessions (12 sessions) and 8 physical therapy sessions now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: right knee arthroscopic meniscectomy: Upheld

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

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 does not demonstrate a clear meniscus tear. The request is not medically necessary.

Surgery: right knee arthroscopy chondroplasty: 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, Indications for Surgery - Chondroplasty.

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: CA MTUS/ACOEM is silent on the issue of chondroplasty. According to the ODG Knee and Leg regarding chondroplasty, Criteria include ALL of the following; conservative care, subjective clinical findings of joint pain and swelling plus objective clinical findings of effusion or crepitus plus limited range of motion plus chondral defect on MRI. In this case the MRI does not demonstrate a clear chondral defect on MRI nor does the exam note demonstrate objective findings consistent with a symptomatic chondral lesion. Therefore the request is not medically necessary.

Post-op physical therapy sessions (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.

Eight (8) physical therapy 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.