

Case Number:	CM15-0128441		
Date Assigned:	07/14/2015	Date of Injury:	11/21/2013
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/02/2015

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 52 year old female who sustained an industrial injury on 11/21/13. Progress report dated 5/20/15 reports complaints of frequent, dull, numb, tender, piercing pain in her right knee, rated 4/10. She also complains of numbness and tingling in the right knee. The knee pain is improving. The injured worker has continued complaints of ankle pain. Overall, the pain is aggravated by prolonged sitting, walking, walking on uneven surfaces, repetitive bending, stooping, kneeling, squatting, lifting, carrying, pushing, pulling, climbing and lifting heavy objects. Pain is relieved by rest, activity modification and occasional over the counter Tylenol. Diagnoses include: meniscus tear posterior horn right knee, status post right ACL reconstruction in 2011, chondromalacia of the right patella femoral joint and mild right knee tri-compartmental osteoarthritis. Plan of care includes: request authorization for Functional Capacity Evaluation and baseline range of motion testing of the involved areas and request authorization for arthroscopy of right knee to address medial meniscus tear. Work status is total temporary disability until 7/1/15. Follow up appointment 7/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Work-relatedness Ch 4, Record Review page 65. Official Disability Guidelines, Knee chapter - Diagnostic arthroscopy, Arthroscopic surgery for osteoarthritis. American Academy of Orthopaedic surgeons (AAOS).

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 exam notes from 5/20/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore, the request is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 - Independent Medical Examinations and Consultations, Referrals Issues and the Independent Medical Examination (IME) Process, E. Analysis, page 137-138 Official Disability Guidelines Fitness for Duty chapter - Functional capacity evaluation.

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

Decision rationale: The California MTUS does not specifically address functional capacity evaluations. According to the Official Disability Guidelines regarding FCE, "Recommended prior to admission to a Work Hardening (WH) Program. Consider an FCE if; 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." In this case it is unclear if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement based on the note of 5/20/15. Based on this the request is not medically necessary.

