

Case Number:	CM15-0171252		
Date Assigned:	09/11/2015	Date of Injury:	11/12/2014
Decision Date:	11/12/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This injured worker is a 43 year old male who reported an industrial injury on 11-12-2014. His diagnoses, and or impression, were noted to include: closed fracture of upper end of tibia; unspecified internal derangement of left knee; knee sprain-strain; pain ankle-foot; and shoulder impingement. Recent magnetic imaging studies of the left knee were done on 6-18-2015 (date difficult to read), noting abnormal findings (also difficult to read). His treatments were noted to include: diagnostic x-rays and computed tomography studies of the lower extremities on 11-12-2014; left tibial plateau open reduction internal fixation surgery on 11-14-2014; physical therapy (Nov., 2014 - March, 2015, approximately 12 visits); orthopedic surgeon consultation with repeat x-rays of the left knee on 5-18-2015; medication management; and rest from work. The objective findings, on the orthopedic surgeon evaluation of 5-18-2015, noted: healed left knee wounds with satisfactory post-operative range-of-motion; and that the hardware and fracture were in satisfactory position, as per the left knee x-rays. The treatment plan from this visit, however, was for his right shoulder impingement with the request for medications to improve his ability to function. The evaluation of 7-21-2015, as noted on the report of 8-8-2015, reported a re-evaluation for complaints of significant right-sided, > left-sided, ankle-foot pain; worsening right shoulder pain that was not as severe as his left knee and left ankle-foot pains; and mention of the physician's initial examination findings, in his narrative report on 4-9-2015, for: continued swelling and pain to the left knee which had been warm to touch, with restricted range-of-motion, and with muscle weakness; that the injured worker had not understood the nature of his injuries or why he was provided left knee surgery; that reportedly, metal had been placed in his

knee; and that the physician had recommended an orthopedic surgeon consultation, which the injured worker saw, and that surgery has been recommended, also that the denial stated the request had to come through the primary care physician. Objective findings, from 7-21-2015, were noted to include: that left knee surgery had been provided shortly after his injury; the use of a cane; a score of 31 for the left lower extremity Oswestry test; and the findings of the current left knee magnetic resonance imaging studies which noted significant pathology that was stated to be beyond what might respond to injections and additional physical therapy. The physician's requests for treatments were noted to include: orthopedic surgery to left knee; pre-operative clearance with a specific Doctor and to include laboratories and electrocardiogram; post-operative physical therapy for the left knee; and crutches. The Utilization Review of 8-17-2015 non-certified the request for a left knee arthroscopy and subsequent pre-operative clearance, to include laboratories and electrocardiogram, and post-operative crutches and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Meniscectomy.

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 do not demonstrate meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.

Pre-op clearance including labs Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Fee Schedule 1999 Edition, page 92-93.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op EKG Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems improvement. 2006 Jul. page 33.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 1 crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.