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| Case Number: | CM15-0179955 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 01/19/2012 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/02/2015 |
| Priority: | Standard | Application Received: | 09/14/2015 |

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 27 year old male, who sustained an industrial injury on 1-19-2012. He reported twisting the right knee and lower back during a slip and fall. Diagnoses include right knee meniscal tear; status post right knee arthroscopy on 11-6-13. He is also status post bariatric surgery on 3-13-15. Treatments to date were not documented in the medical records submitted for this review. Currently, he complained of ongoing right knee pain. Pain was rated 9 out of 10 VAS. A right knee MRI dated 4-1-15 was noted to reveal lateral meniscus tear and mild chondromalacia patella. On 7-6-15, the physical examination documented decreased flexion, medial and lateral patellar facet tenderness, joint line tenderness and patellar tendon tenderness, and crepitus. Murray's sign was noted as positive. The plan of care included right knee arthroscopy. The appeal requested authorization for Chondroplasty and debridement, arthroscopic right lateral revision meniscectomy, pre-operative medical clearance, post-operative physical therapy three times a week for four weeks, and a post-operative knee brace. The Utilization Review dated 9-2-15, denied the request stating "there were no current notes from the requesting treating provider documenting mechanical symptoms or clinical findings that correlate with the MRI findings." per the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic right lateral revision meniscectomy, chondroplasty and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. 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 evidence of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the request is not medically necessary.

Pre op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

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 3 times per week for 4 weeks for the right knee: 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.

Post op knee brace: 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 & Leg (updated 07/10/15) Online Version.

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.