MAXIMUS Federal Services

Case Number:	CM15-0033645		
Date Assigned:	03/26/2015	Date of Injury:	07/21/2011
Decision Date:	05/11/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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 57-year-old female with a date of injury of 07/21/2011. Her mechanism of injury was not included. Her diagnoses included left knee medial meniscus tear and chondromalacia, left shoulder impingement syndrome. Past treatments have included acupuncture, physical therapy, work modification and pain medications. Diagnostic studies included an MRI of the left knee performed on 03/21/2013 that documented a tear of the anterior horn of the medial meniscus, moderate to severe degenerative changes of anterior and posterior horns, worse involving the anterior horn, mild to moderate degenerative changes of anterior and posterior horns of lateral meniscus; mild tricompartmental degenerative changes, partially denuded articular cartilage of medial femoral tibial compartment, mild bone edema and reactive changes of the patella, small joint effusion, a 1 cm synovial cyst versus ganglion cyst along posterior proximal tibiofibular articulation. An MRI of the left knee performed on 06/10/2014 indicated mild osteoarthritis was present with the medial compartment most involved and there was a small joint effusion. The injured worker had left shoulder impingement surgery in 2014. The injured worker had complaints of on and off throbbing, aching left knee pain with popping sensation. Throbbing, aching left hip pain. Left arm with surgery is better. Upper back pain improvement. Constant aching neck pain with soreness. Patient states spine hurts when she is lying down. Patient states lower back feels like it is dislocated when mopping. Physical exam findings included left shoulder with 130 degrees of flexion and 130 degrees of abduction. Left knee was tender on range of motion. Her medications included Anaprox, Prilosec, Norco and gabapentin. Her treatment plan included request for left knee meniscectomy, synovectomy and

chondroplasty, work modification and physical therapy. The rationale for the request is not included. The Request for Authorization form is signed and dated 01/08/2015 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Meniscectomy, Synvectomy and Chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15002354 - Synovectomy of the knee joint.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The request for left knee meniscectomy, synovectomy and chondroplasty is not medically necessary. The ACOEM Guidelines state, objective findings for chondroplasty include effusion or crepitus or limited range of motion, plus finding chondral defect on MRI. The criteria for meniscectomy includes joint pain or swelling or feeling of giving way or locking, clicking, popping. Also, positive McMurray's sign or joint line tenderness or effusion or limited range of motion or locking, clicking or popping, or crepitus. There is a lack of documentation regarding significant mechanical symptoms. Therefore, the request for left knee meniscectomy, synovectomy and chondroplasty is not medically necessary.

Associated surgical service: Thermacooler: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-Operative 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 - Perioperative protocol. Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical service: Physical Therapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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