

Case Number:	CM15-0060948		
Date Assigned:	04/09/2015	Date of Injury:	01/06/2015
Decision Date:	06/02/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/31/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 57 year old man sustained an industrial injury on 1/6/2015. The mechanism of injury is not detailed. Evaluations include right knee MRI. Diagnoses include derangement of medial meniscus. Treatment has included oral medications and surgical interventions. The MRI of the right knee dated 01/07/2015 showed a medial meniscal tear with moderate medial tibial femoral degenerative arthritis and a partial thickness cartilage articulation and subchondral edema/sclerosis. It should be noted that the results were illegible due to poor image quality. On 04/08/2015, the injured worker presented for a 4 week follow-up of his right knee complaints. He was noted to be taking Vicodin and Lisinopril for pain. On examination, there was no erythema on the joint, no swelling or redness. There was tenderness on anserine bursa and there was tenderness noted on the medial joint line. There was no tenderness to the lateral joint line, medial collateral ligament, or lateral collateral ligament. There was no laxity with valgus MCL or varus LCL stress. Range of motion was from extension to 0 degrees to flexion at 135 degrees. He had a positive McMurray's and a negative anterior and posterior drawer. There was no crepitation or tenderness at the inferior patellar pole and no tenderness at the superior patellar pole. He had a negative apprehension sign and a negative Lachlan's. Recommendations include further surgical intervention and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscectomy and chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to the California ACOEM Guidelines, referral for surgical consultation may be indicated for those who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength around the musculature of the knee. For meniscectomy, there should be consistent findings on an MRI and symptoms other than just simply pain. It is also indicated that surgeries should not be performed unless there is failure of conservative care. The documentation submitted for review does not show that the injured worker has tried and failed all recommended forms of conservative treatment to support the medical necessity of this request. Also, there is no indication that the injured worker has any significant symptoms other than just simply pain such as locking, popping, giving way, or recurrent effusion. Without this information, the surgical procedure being requested would not be supported. As such, the request is not medically necessary.

Associated surgical services: 1 assistant surgeon (physician assistant): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 services: 1 In-house 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 Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), preoperative testing, general.

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 services: 1 pair of 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 (ODG), Knee * Leg (Acute & Chronic), Walking Aids.

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

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary.

Associated surgical services: 7 days rental of cold therapy unit: 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 (Acute & Chronic), Continuous-flow cryotherapy.

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.

12 post-operative physical therapy sessions for the right knee: Upheld

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

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.