

Case Number:	CM15-0062894		
Date Assigned:	04/08/2015	Date of Injury:	12/01/1999
Decision Date:	06/02/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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

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:

The injured worker is a 61 year old female, who sustained an industrial injury on 12/1/99. The mechanism of injury was a fall. She reported bilateral shoulder pain and left knee pain. The injured worker was diagnosed as having left knee osteoarthritis and medial meniscus tear. Treatment to date has included left knee arthroscopic partial medial meniscectomy, chondroplasty, and partial synovectomy on 6/7/12. Other treatment included physical therapy, Supartz injections and Viscosupplementation injections, a home exercise program, and medications. The injured worker underwent x-rays on 04/22/2014, which revealed mild osteoarthritis bilaterally in the knees. The injured worker underwent weight bearing x-rays on 10/15/2014 which revealed very slight narrowing of the left knee lateral joint space compared to the right. The left was 5 mm. The right was 6 mm. The x-rays revealed narrowing of the right medial joint space compared to the left. The right medial joint space was 3 mm and the medial joint space on the left was 4 mm. The injured worker underwent x-rays of the left knee on 03/16/2015, which revealed good maintenance of the medial and lateral joint spaces with no evidence of avascular necrosis. The documentation of 03/16/2015 revealed the injured worker had knee pain, which limited her ability to ambulate for longer than a few minutes. The pain was lateral and the lateral joint line was tender. The medial joint line was moderately tender. The diagnoses included left knee osteoarthritis and medial meniscus tear. The treatment options were discussed and the injured worker was noted to wish to proceed with a diagnostic and therapeutic arthroscopy of the left knee. The physician opined that the injured worker probably had a torn lateral meniscus. The subsequent documentation of 04/01/2015 revealed that an MRI would be

obtained of the left knee to rule out a meniscus tear. The documentation of 3/16/15 revealed the injured worker complains of left knee pain. The treating physician requested authorization for an arthroscopic medial meniscectomy of the left knee, 8 sessions of physical therapy, a knee brace for the left knee, and Percocet 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic medial meniscectomy of the left knee: 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, Knee & Leg.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical intervention is appropriate for injured workers who have a failure of an exercise program to increase range of motion and strength of musculature around the knee and activity limitation for more than 1 month. There should be documentation of clear signs of bucket handle tear on examination and symptoms other than pain including locking, popping, giving way or current effusion. Additionally, there should be documentation of consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had undergone physical therapy. There was a lack of documentation of the duration of physical therapy. Additionally, there was a lack of documentation of MRI findings to support a meniscal tear, as there was no MRI submitted for review. Given the above, the request for arthroscopic medial meniscectomy of the left knee is not medically necessary.

Associated surgical services: 8 sessions of physical therapy: 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: Knee brace for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

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.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 151.

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.