

Case Number:	CM14-0151954		
Date Assigned:	09/22/2014	Date of Injury:	10/30/2013
Decision Date:	11/04/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves a 53 year old male injured worker who injured his left knee on 10/30/13. The records provided for review included the office report dated 08/12/14 noting continued knee pain with activity. Physical examination at that visit showed zero to 130 degrees range of motion, positive medial joint line tenderness, and atrophy of the quadriceps and 4/5 motor strength. It is documented that the injured worker is status post knee arthroscopy with partial medial meniscectomy performed on 02/14/14. Postoperative treatment has included physical therapy, medication management and activity restrictions. The report of a postoperative MRI scan dated 08/08/14 showed the prior partial medial meniscectomy with a signal change related to degenerative findings. There was no definitive re-tearing of the medial meniscus noted. No other postoperative records were provided for review. Based on the injured worker's continued complaints of pain, a repeat arthroscopy and meniscectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy with partial medial meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://odg-twc.com/odgtwc/knee.htm>)ODG Indications for Surgery, Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345..

Decision rationale: Based on the California ACOEM Guidelines, the request for left knee arthroscopy for partial medial meniscectomy is not recommended as medically necessary. The injured worker's postoperative MRI imaging report does not identify re-tearing of the meniscus. The medical records provided for review do not contain any documentation for re-tearing of the meniscus postoperatively. Without definitive events of re-tearing of the meniscus and signs and symptoms consistent with meniscal pathology on examination, there would be no indication for a repeat procedure for this individual who had a meniscectomy in February 2014. Therefore, this request is not medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: The request for left knee arthroscopy for partial medial meniscectomy is not recommended as medically necessary. Therefore, the request for use of an assistant surgeon is also not medically necessary.

Cold therapy unit purchase/rental x 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (<http://odg-twc.com/odgtwc/knee.htm>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

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

Post-op physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

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

Post-op Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines (2nd edition, page 47-48 and table 3-1)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

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