

Case Number:	CM13-0002304		
Date Assigned:	11/01/2013	Date of Injury:	04/16/2013
Decision Date:	01/21/2014	UR Denial Date:	06/21/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The patient is a 37-year-old gentleman injured on 04/16/13. Clinical records for review include MRI report of the right knee dated 05/29/13 that shows extensive changes in the form of bone marrow edema to the medial and lateral knee compartments with subcondylar cystic changes. No definite osteochondral deficit or trabecular fracture was noted. There was a grade 2 to 3 signal change to the body of the horn of the medial meniscus with a horizontal linear tear. The lateral meniscus was a degenerative tear. Osteophytes were seen about the lateral tibial plateau. There were chondral thinning of the medial femoral condyle, thinning of the ACL with no definitive tear and a mild knee joint effusion. Most recent assessment with treating orthopedic physician, [REDACTED], indicated that the claimant was status post a right knee arthroscopy meniscectomy. This was from operative report dated 09/20/13 that showed the claimant underwent a diagnostic arthroscopy to the knee with partial lateral meniscectomy, partial medial meniscectomy, and debridement. There was noted to be grade 4 chondral changes to the lateral compartment and a partial tear to the ACL discovered at the time of operative intervention. Prior to surgical intervention, the claimant was being treated with [REDACTED], chiropractic, for which presurgical rehabilitation including 12 sessions of preoperative chiropractic rehabilitation was recommended as well as 18 postsurgical chiropractic sessions were noted. The request at that time was also a request for orthopedic follow up consultation in regard to the claimant's knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-surgery chiropractic rehabilitation visits 2 times per week for 6 weeks (12 visits):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, preoperative consultation with chiropractic care for 12 sessions would not have been supported. Times of demonstrated efficacy with chiropractic measures are four to six treatments. The claimant is noted to have been treated by chiropractic physicians since time of injury. Specifically for the knee, chiropractic care is "not recommended". There would have been nothing indicating the claimant to have undergone chiropractic assessments prior to the requested knee procedure in this case.

Orthopedic follow-up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, follow up office consultation with treating orthopedic provider for whom the claimant was seeing appears medically warranted. The claimant continued to be symptomatic in regard to his knee complaints and clinical course of care. The role of the orthopedic follow up given the ongoing complaints of pain about the knee and positive imaging findings would have been supported.

Eighteen (18) post-surgical chiropractic rehabilitation visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, chiropractic care for 18 sessions postoperatively also would not be indicated. Specifically in regard to chiropractic measures for the knee, California MTUS Guidelines state that it is "not recommended". While criteria could be given for knee, physical therapy following surgical intervention including meniscectomy, the role of chiropractic measures in the postoperative setting of a knee procedure would not be indicated.

Surgical intervention right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines, surgical intervention to the right knee in this case was warranted. The claimant continued to be symptomatic in regard to the knee with obvious meniscal changes noted on MRI assessment. Given his ongoing continued mechanical symptomatology, the role of the surgical process that was ultimately performed on September 2013 appeared medically necessary based on the clinical guidelines. California ACOEM Guidelines indicate high success rate for cases where there is clear evidence of meniscal tearing symptoms other than just pain that are confirmed with consistent findings on MRI scan. This would be consistent with the claimant's clinical picture at present.