

Case Number:	CM13-0003302		
Date Assigned:	06/06/2014	Date of Injury:	01/20/2013
Decision Date:	07/25/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/25/2013

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 Texas. 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:

The injured worker is a 61-year-old female who reported an injury on 01/20/2013. The mechanism of injury involved a fall. The current diagnosis is right knee posttraumatic arthritis and meniscal tear. The injured worker was evaluated on 07/03/2013 with complaints of severe pain and instability. The injured worker has completed 1 session of physical therapy. Physical examination revealed 30 degrees flexion with 5 degrees lacking in extension, tenderness along the medial and lateral joint lines, positive McMurray's testing, negative effusion, and a nontender calf compartment. Treatment recommendation at that time included a right knee arthroscopy with partial medial and lateral meniscectomy, and chondroplasty. The injured worker also underwent an MRI of the right knee on 06/06/2013, which indicated medial and lateral meniscal tears, subacute moderate grade 1 anterior cruciate ligament sprain, subacute mild medial collateral ligament sprain, and moderate to severe degenerative changes of the patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for (1) right knee arthroscopic medial and lateral meniscectomy and chondroplasty: 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): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Meniscectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear and symptoms other than simply pain to include locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear on examination, and consistent findings on MRI. Official Disability Guidelines state prior to a meniscectomy, conservative treatment should include exercise/physical therapy and medication management or activity modification. As per the documentation submitted, the injured worker's MRI of the right knee on 06/06/2013 does indicate medial and lateral meniscus tears. Physical examination on 07/03/2013 does reveal limited range of motion with tenderness along the medial and lateral joint lines, and positive McMurray's testing. However, there is no documentation of a failure to respond to conservative treatment including physical therapy, medication, and activity modification. It is noted that the injured worker has only participated in 1 session of physical therapy. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Prospective request for 12 post-operative physical therapy visits: 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.

Prospective request for (1) cryotherapy unit: 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.

Prospective request for (1) knee m-brace: 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.