MAXIMUS Federal Services

Case Number:	CM13-0014287		
Date Assigned:	10/02/2013	Date of Injury:	01/16/2013
Decision Date:	01/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/20/2013

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 Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in Arkansas and 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 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 53-year-old male who reported a work-related injury on 01/16/2013 as a result of strain to the right knee. A subsequent MRI of the right knee dated 05/14/2013 signed by [redacted] revealed: (1) a complex tear of the posterior horn of the medial meniscus; (2) incomplete tear of the insertion of the ACL; (3) small joint effusion; and (4) tricompartmental mild osteoarthritis. The clinical note dated 07/05/2013 reports the patient was seen under the care of [redacted]. The provider documented an orthopedic consultation of the patient. The provider documents the patient reports stiffness of the knee that does seem to get swollen by the end of the day after ambulation. The patient has to ice and elevate the knee daily. The provider documents the patient periodically utilizes anti-inflammatories and a knee brace because the patient has the feeling of the knee going out on him; however, it has not. The patient reports a popping sensation to the knee periodically. The provider documented upon physical exam of the patient that he was 5 feet 9 inches and weighed 230 pounds. The provider documented the patient ambulated with a waddling type of gait but reported he was having problems with his left hip. The provider documented the patient denied any tenderness anteriorly over the joint, no pain with combination of flexion and internal rotation and external rotation. Examination of the knee revealed anatomic valgus alignment, a sort of diffuse tenderness more so over the medial side of the joint and in particular the posteromedial joint line. The provider documented normal patellofemoral alignment, tracking, and mobility. The patient had mild pain with patellofemoral compression and no instability to varus or valgus stress testing, a negative Lachman's, anterior drawer, posterior drawer, pivot shift, posterior sag, and quadriceps active test. The patient had pain but no click or clunk with McMurray's testing. The patient had medial sided knee pain with Apley's compression test. The provider requested authorization to switch the patient to an ENT

and arthroscopy of his right knee with probable partial medial meniscectomy and possible chondroplasty as well as 8 physical therapy visits twice a week for 4 weeks postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 post-operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The current request previously received an adverse determination due to lack of support for the requested operative procedure. At this point in the patient's treatment, the requested operative procedure is supported. However, the current requested 8 sessions of physical therapy is excessive in nature postoperatively, as California MTUS Clean Copy indicates, "An initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth." Guidelines would support an initial 6 sessions of postoperative physical therapy. The request cannot be modified, therefore must be denied as a whole. As such, the request for 8 post-operative physical therapy visits is not medically necessary or appropriate.

1 right knee arthroscopy with partial medial meniscectomy and chondroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-345.

Decision rationale: The current request previously received an adverse determination due to lack of documentation of conservative treatment fully having been exhausted prior to the requested operative procedure. A clinical note dated 08/12/2013 by the requesting provider, [redacted], documents the patient has recurrent knee effusions and is intolerant of doing therapy because he cannot do it based upon his very sharp stabbing pain that he experiences. The provider did document the patient utilizes anti-inflammatories as well as a knee brace for his pain complaints. The provider documented diffuse tenderness over the posteromedial joint line as well as range of motion from 0 to 125 degrees of flexion. The patient reports clicking and pain with McMurray's testing. The California MTUS/ACOEM indicates, "Referral for surgical consultation may be indicated for patients who have activity limitations for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee." Given that the patient presents with other symptomatology to include clicking, pain, and effusion about the right knee with imaging study evidence of a complex tear of the

posterior horn of the medial meniscus as well as tricompartmental mild osteoarthritis, the requested operative procedure, 1 right knee arthroscopy with partial medial meniscectomy and chondroplasty, is medically necessary and appropriate.