

Case Number:	CM13-0018518		
Date Assigned:	12/11/2013	Date of Injury:	12/06/2007
Decision Date:	01/22/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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, has a subspecialty in Fellowship Reconstructive 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 fifty three year old male who reported an injury on 12/06/2007. Report shows a complaint of ongoing knee pain in the right knee. He is noted to have undergone bilateral knee arthroscopies on 03/18/2013. While the Magnetic Resonance Imaging of the left knee shows a definite tear of the medial meniscus, the Magnetic Resonance Imaging of the right knee reports a possible small displaced tear at the free edge of the posterior horn to the body of the medial meniscus which was very miniscule and could not be confirmed on two views. The patient is noted to have treated conservatively with physical therapy without improving. The patient is noted to continue to complain and was noted to have undergone intra-articular injections which produced significant help which lasted only for several days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic partial meniscectomy and chondroplasty: 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 (ODG)

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)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a meniscectomy for patients with clear subjective complaints consistent with a meniscal tear with objective findings on physical exam and MRI evidence of a meniscal tear after conservative treatment. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not address chondroplasty. The Official Disability Guidelines recommend a chondroplasty after conservative care with medications or physical therapy for patients with joint pain and swelling and objective findings of effusion, crepitus, or limited range of motion and Magnetic Resonance Imaging findings of a chondral defect. Although the patient is noted to have ongoing complaints of pain, the Magnetic Resonance Imaging does not show chondral defects nor are the findings on Magnetic Resonance Imaging unequivocally positive for a tear of the posterior horn of the medial meniscus. Although the patient is reported to have ongoing pain, he is not noted to have clinical findings on physical examination consistent with a meniscal tear. As such, the requested partial meniscectomy and chondroplasty do not meet guideline recommendations. Based on the above, the request for right knee arthroscopic partial meniscectomy and chondroplasty is non-certified.

Post-op physical therapy twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Postoperative. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the patient's right knee surgery has not been certified, the need for postoperative physical therapy is not established. Based on the above, the request for postop physical therapy twice a week for 4 weeks is non-certified.