

Case Number:	CM13-0022437		
Date Assigned:	03/19/2014	Date of Injury:	03/02/2012
Decision Date:	05/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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 Pennsylvania. 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 claimant is a 61-year-old who was injured in a work related accident on March 2, 2012. Specific to the claimant's right knee, clinical records for review include an MRI scan of March 14, 2012 to the right knee showing a medial meniscal tear and significant degenerative findings. Recent plain film radiographs demonstrated essentially bone on bone change to the medial and patellofemoral compartment. The claimant's treatment to date has included medications, therapeutic modalities, activity modifications and work restrictions. A recent clinical progress report of August 13, 2013 demonstrated continued complaints of right knee pain with an inability to advance function. There is an examination that shows joint line tenderness, crepitation. Based on failed conservative care, surgical arthroscopy for the purpose of partial meniscectomy was recommended with twelve sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: California ACOEM Guidelines would not support the acute need of surgical meniscectomy. Guideline criteria would not recommend the role of meniscectomy in the setting of advanced degenerative arthrosis. This individual is with essentially bone on bone changes to both the patellofemoral and medial compartment. The necessity for arthroscopy for the purpose of meniscectomy would not be supported given documentation of these advanced findings. The request for right knee arthroscopy is not medically necessary.

12 POST OPERATIVE PHYSICAL THERAPY VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Postsurgical Rehabilitative Guidelines also would not support the role of postoperative physical therapy as the need for operative intervention has not been established. The request for twelve post operative physical therapy visits is not medically necessary.