

Case Number:	CM13-0032978		
Date Assigned:	12/06/2013	Date of Injury:	07/24/2010
Decision Date:	03/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 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.

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 39-year-old female with a history of knee discomfort and patellofemoral arthritis. The claimant underwent a prior right knee MRI in June of 2013 which showed patella alta with mild lateral subluxation and no meniscal tear. The claimant has been treated with physical therapy, modified activities, a patellar stabilizing brace, and injection. Right knee arthroscopic partial medial meniscectomy and postoperative physical therapy has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Right Knee Arthroscopic Partial Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Meniscectomy

Decision rationale: CA MTUS states "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." The requested surgery and postoperative therapy cannot be recommended as medically necessary. The claimant does

not have a medial meniscus tear by MRI. The claimant's knee is reported to give her "quite a bit of problems," but these problems are not further delineated. It does not appear that the claimant is having mechanical symptoms that may be suggestive of a meniscus tear. Physical examination data is minimal within the records reviewed. I can only find one record with reports of medial joint line discomfort, and there was no indication that provocative meniscal testing has been undertaken. Accordingly, the claimant does not have specific symptoms or exam findings consistently to suggest that there is an occult meniscus tear that is not present or seen on the MRI. The MRI does not suggest a surgical lesion. The claimant, therefore, does not meet appropriate California MTUS guidelines for the requested procedure or postoperative therapy according to the records reviewed.

request for Postoperative Physical Therapy x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for postoperative therapy cannot be recommended as medically necessary as the surgery is not recommended as medically necessary.