

Case Number:	CM13-0045481		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2013
Decision Date:	04/04/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 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:

This claimant is a 53-year-old female who sustained an injury to the right knee in a work-related accident on June 4, 2013. The clinical records for review included an MRI (magnetic resonance imaging) report of the right knee, dated September 11, 2013, that showed marked patellofemoral joint space narrowing, articular cartilage absence, and thinning and irregularity along the weightbearing surface of the lateral femoral condyle. There was a "questionable radial tear to the body of the lateral meniscus," a small joint effusion, but no other significant findings. Formal meniscal pathology was not documented. A follow-up clinical assessment on October 2, 2013 documented that the claimant had continued complaints of pain since her fall at work. It noted that previous conservative care including an injection, medication management, and therapy has been non-beneficial. The examination showed meniscal tearing reproducing her pain but "was not classic." Motion was limited from 10 to 110 degrees with pain with varus and valgus stretching but no instability. The claimant's MRI scan was reviewed by the treating physician describing "end-stage osteoarthritis." He also described degenerative tearing to the lateral meniscus. He recommended surgical arthroscopy, noting that the claimant would more than likely need total joint arthroplasty down the road. ♦

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with meniscectomy: Upheld

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

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

Decision rationale: Based on the California ACOEM 2004 Guidelines, surgical arthroscopy with meniscectomy would not be indicated. The ACOEM Guideline criteria does not recommend the role of arthroscopy in the setting of advanced degenerative arthritis. The records provided for review document advanced degenerative arthritis with MRI (magnetic resonance imaging) scan only demonstrating a "questionable" tear but no formal tearing. There are also no acute physical examination findings supportive of tearing to the meniscus on examination. The role of the arthroscopy with meniscectomy in this case would thus not be supported.

12 sessions of post-operative physical therapy, one (1) to two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS postsurgical rehabilitative guidelines, 12 sessions of therapy would not be indicated as the need of operative intervention has not been established.