

Case Number:	CM13-0060053		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2013
Decision Date:	08/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 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 58-year-old, dental technician, who sustained a vocational injury. The medical records provided for review indicate that it was a result of repetitive trauma due to sitting, bending, twisting, pushing and pulling on May 3, 2013 and then the claimant sustained a slip and fall injury on July 11, 2013. The current diagnoses are internal derangement of the right knee, torn medial meniscus and mild degenerative arthritis of the knee. The report of the office visit on November 13, 2013 notes that the claimant had received received a cortisone injection on October 18, 2013 that improved her knee pain for a couple of weeks. Physical examination was documented to show moderate severe pain and palpation of the patellar tendon, as well as the medial joint line. Range of motion was 0 to 130 degrees. She had a positive McMurray's for pain and clicking in the medial aspect of the knee. There was no gross ligamentous instability on anterior posterior drawer test or medial lateral ligament test. The patellar grind test reproduced mild painful symptoms with no crepitation. She had 4-5 strength in the knee. The report of an MRI of the right knee dated June 13, 2013 showed a Grade I MCL sprain, myxoid degeneration of the posterior horn of the medial meniscus, distal femoral metaphysis, marrow reconversion, degenerative arthritis in the form of reduced joint space, irregularity of articular cartilage, degenerative marrow edema and chondromalacia. There was also small joint effusion with fluid extending into the suprapatella bursa. Conservative treatment to date has included anti-inflammatories, right knee intra-articular cortisone injection, and formal physical therapy. Documentation also suggests the claimant underwent extracorporeal shock wave therapy. The current request is for a right knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: Based on the Knee Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, the request for right knee arthroscopy is recommended as medically necessary. The records provided for review identify that the claimant has ongoing complaints of right knee pain which can be consistent with meniscal pathology. Documentation also suggests there may be an underlying degenerative condition. Physical exam findings also suggest meniscal pathology with medial joint line pain, small effusion and a positive McMurray's. The claimant has failed a reasonable course of conservative treatment to include anti-inflammatories, activity modification, formal physical therapy, and an intra-articular cortisone injection which provided only transient temporary relief. The report of the MRI suggested a tear of the horn of the medial meniscus. Based on the documentation presented for review, and in accordance with the Knee Complaints Chapter of the ACOEM Practice Guidelines, the request for a right knee arthroscopy at this time would be considered medically reasonable. Therefore, the request for right knee arthroscopy is medically necessary and appropriate.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter, Office Visits and Pre-Operative Testing.

Decision rationale: In regards to the second request for pre-operative medical clearance, the claimant is 58 years of age and does have a documented past medical history. Due to the fact that anesthesia will be used to perform this surgery for knee arthroscopy, at this time it would be considered to be medically reasonable to proceed with pre-operative medical clearance. Therefore, the request for pre-operative medical clearance is medically necessary and appropriate.

Twelve post-operative physical therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Post Surgical Treatment Guidelines support a total of twelve sessions of post operative physical therapy following meniscectomy of the knee and subsequently the request for twelve sessions of physical therapy should be considered medically necessary. Therefore, the request for twelve post-operative physical therapy sessions is medically necessary and appropriate.