

Case Number:	CM14-0007433		
Date Assigned:	02/07/2014	Date of Injury:	09/15/2013
Decision Date:	07/21/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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 patient is a 51-year-old female who has submitted a claim for Internal Derangement of the Right Knee with Tracking Abnormality, Possible Subluxation of the Patellofemoral Joint, and Lateral Meniscal Injury associated with an industrial injury date of September 15, 2013. The medical records from 2013 were reviewed, which showed that the patient complained of significant pain along the anterior knee with joint line tenderness and swelling particularly on the lateral side. On physical examination, she walked with a modest limp. Examination of the right knee revealed a slight effusion with tenderness along the patellofemoral joint. Crepitus was noted with flexion and extension. The knee was stable to anterior and posterior drawer, varus and valgus stress. She had significant joint line tenderness laterally. The rest of the exam was unremarkable. MRI of the right knee dated November 5, 2013 revealed tear of the anterior and posterior horns of the lateral meniscus and posterior horn of the medial meniscus, marked patellar degenerative changes with marked lateral subluxation of the patella, and moderate joint effusion. The treatment to date has included medications, knee brace, and six sessions of physical therapy. Utilization review from January 6, 2014 denied the request for right knee diagnostic arthroscopy with debridement because there was no evidence of exhaustion of conservative treatment and there were no weight-bearing radiographs indicating the extent of osteoarthritis; and Post-Operative Physical Therapy 3X4 because an adverse determination for surgery has been rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE DIAGNOSTIC ARTHROSCOPY WITH DEBRIDEMENT: Overturned

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

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

Decision rationale: According to pages 344-345 of the ACOEM Practice Guidelines referenced by CA MTUS, arthroscopic surgery is not supported in the absence of objective mechanical signs such as locking, popping, giving way, recurrent effusion or instability, and consistent findings on MRI in the management of knee injuries. In this case, the patient presented with persistent right knee pain and recurrent effusion that interfered with her activities of daily living despite conservative management. This was supported by positive MRI findings. Therefore, the request for right knee diagnostic arthroscopy with debridement is medically necessary.

POST-OPERATIVE PHYSICAL THERAPY 3X4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines, post-surgical physical therapy for patients with tear of medial/lateral cartilage/meniscus of the knee or dislocation of the patella is recommended for a total of 12 visits over 12 weeks. In this case, the patient was assessed to have possible subluxation of the patellofemoral joint and lateral meniscal injury. Therefore, the request for Post-Operative Physical Therapy 3X4 is medically necessary.