

Case Number:	CM14-0102579		
Date Assigned:	07/30/2014	Date of Injury:	09/18/2012
Decision Date:	08/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/02/2014

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 Orthopaedic 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:

This 63-year-old male landscaper sustained an industrial injury on 9/18/12, relative to repetitive work duties. The 6/29/13 left knee MRI reportedly demonstrated oblique tears of the medial and lateral menisci. There was ossification of the quadriceps tendon on the patella and the patella on the tibia. The 3/3/14 standing knee x-rays documented very early arthritis in both knees, left more than right. The 3/24/14 treating physician report cited constant severe bilateral knee pain located around the entire kneecap with radiation of pain to the feet and thighs. There was clicking, popping, and locking in a bent position in both knees, plus giving way of his left knee. Objective findings documented height 5'4, weight 234 pounds, and mild antalgic gait. Left knee exam documented no evidence of effusion, range of motion -3 to 101 degrees, and normal patellar tracking. There was mild to moderate patellofemoral crepitus with some popping, and positive patellar compression test. There was medial and patellar facet tenderness, and medial and lateral joint line tenderness. The collateral ligaments showed trace plus medial laxity in extension, but were stable in full extension. Anterior and posterior drawer tests were negative. The diagnosis included left knee medial and lateral meniscus tears associated with tricompartmental synovitis and early primary and post-traumatic arthritis. Moderate to severe exogenous obesity was documented, associated with hypertension. The patient was not a candidate for total knee replacement at this time. A left knee arthroscopy would be the best alternative. The patient was taking Motrin. The 5/5/14 treating physician progress report documented left knee subjective and objective findings unchanged from the 3/24/14 report. Additional medications, including Ultram and Tylenol were prescribed in addition to Motrin. Left knee arthroscopy and possible arthrotomy was requested. Records indicated that conservative treatment for the bilateral knees had included a hinged knee sleeve, anti-inflammatory medication, palliative physical therapy treatment with no exercise documented,

and extracorporeal shockwave therapy. The 6/26/14 utilization review denied the request for left knee surgery based on a lack of adequate conservative treatment and lack of full MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2 times a week for 6 weeks for left knee.: 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 Page(s): 24.

Decision rationale: As the request for left knee surgery was not medically necessary, the associated request for post-operative physical therapy 2 times a week for 6 weeks for left knee was also not medically necessary.

Outpatient left knee arthroscopy and possible arthrotomy: Upheld

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

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

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been fully tried and failed. Therefore, this request for outpatient left knee arthroscopy and possible arthrotomy is not medically necessary.