

Case Number:	CM14-0015411		
Date Assigned:	02/28/2014	Date of Injury:	09/26/2012
Decision Date:	07/22/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Sports Medicine 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 injured worker is a 50-year-old female who reported an injury on September 26, 2012. Prior treatments included a right knee surgery. The injury occurred when the injured worker was having a hectic afternoon, she tiptoed to hang keys up, and as the injured worker did this, she turned her whole body because she heard children yelling and fighting, and put her entire weight on her right leg and heard a pop in her right knee. The injured worker had an MRI of the knee on January 02, 2014, which revealed a very subtle linear proton density hyperintensity noted in the posterior horn of the medial meniscus. It was indicated it was probably mild intrameniscal degeneration rather than a tear. The clinical documentation dated December 03, 2013 revealed that the injured worker had prior surgical intervention in February 2013 and postoperatively had physical therapy, which provided little relief. The injured worker had difficulty with self-care, personal hygiene, and physical activity, as well as lifting and carrying items. The injured worker had difficulty with sexual function and sleep. The physical examination revealed the injured worker had focal tenderness along the medial joint line and posterior horn of the medial meniscus of the right knee. Range of motion was from 5-125 degrees of flexion, with a positive McMurray's test at the end of terminal flexion. The diagnoses included right knee positive MRI for meniscal tear, status post video arthroscopy with no finding of meniscal tear, and right knee internal derangement. The treatment recommendation included a right knee video arthroscopy. The subsequent documentation of January 14, 2014 revealed objectively the injured worker had focal tenderness along the medial joint line of the right knee. The injured worker had a positive McMurray's test at the end of terminal flexion and had range of motion of 5-125 degrees of flexion. The treatment plan included a repeat video arthroscopy of the right knee and medial meniscectomy of the posterior horn. Additionally, it was indicated that the injured worker would need 12 sessions of physical therapy postoperatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

A PRE-OPERATIVE MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

RIGHT KNEE VIDEO ARTHROSCOPY WITH MENISECTOMY OF POSTERIOR HORN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

Decision rationale: The ACOEM Practice Guidelines indicate that a referral for a surgical consultation is appropriate for injured workers who have activity limitation for more than 1 month and a failure of an exercise program to increase the range of motion and strength of musculature around the knee. Additionally, for a meniscus tear there needs to be clear evidence of a meniscus tear, which included symptoms other than, simply pain, including locking, popping, giving way, or recurrent effusion. There should be clear signs of a bucket handle tear on examination and consistent findings on an MRI. The clinical documentation submitted for review indicated the injured worker had limitations of activity. However, there was a lack of documentation indicating the injured worker had symptoms other than simply pain. The MRI indicated that the injured worker probably had a mild intrameniscal degeneration rather than a tear. The injured worker underwent prior surgical intervention and postsurgical therapy. However, there was a lack of documentation of the duration and dates of recent physical therapy. Given the above, the request for a right knee video arthroscopy with meniscectomy of the posterior horn is not medically necessary.

CRUTCHES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLD THERAPY UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A POST OPERATIVE KNEE BRACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

NEOPRENE SLEEVE SLIP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

TWELVE (12) SESSIONS OF POST-OPERATIVE PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.