

Case Number:	CM14-0151792		
Date Assigned:	09/19/2014	Date of Injury:	06/06/2011
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 Texas. 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 49 year old male [REDACTED] driver who sustained an industrial injury on 6/6/11. The injury occurred when he slipped and fell on rocks. He had a hyperflexion injury to the right knee and was diagnosed with internal derangement of the right knee and shoulder. The records indicated that the injured worker was treated with physical therapy for the right knee in August 2011. There is no documentation of conservative treatment specific to the right knee beyond anti-inflammatory and pain medications since 2011. The 9/29/11 right knee magnetic resonance imaging impression documented a complex degenerative tear of the posterior horn of the medial meniscus, degeneration of the anterior cruciate ligament, discoid lateral meniscus, and proximal patellar tendinosis. A right shoulder arthroscopy with capsulorrhaphy, anterior labral repair, and open biceps tenodesis was performed on 4/9/13. He underwent at least 36 physical therapy visits for the right shoulder during the post-surgical treatment period. The 8/25/14 treating physician report cited medial knee pain with activity related swelling. There was instability towards flexion and pain when pivoting on the knee. The locking was relieved by manipulation. There was a slight pain with squatting and pain with stairs. The physical exam documented right knee range of motion at 0-115 degrees with medial and lateral joint line tenderness. There was no instability and provocative orthopedic testing was negative. The impression was a torn medial meniscus in the right knee with possible partial tearing of the anterior cruciate ligament. Right knee arthroscopy was recommended. The 8/29/14 utilization review denied the knee surgery and post-operative physical therapy as there was no documented failure of conservative treatment. The 9/18/14 treating physician report appealed the surgical denial stating there was clear evidence of mechanical symptoms including instability, locking and pain when pivoting. The treating physician did not discuss conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right Knee Arthroscope-Medial Meniscus Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion) including clear objective findings and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification), plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, locking, clicking, or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on a magnetic resonance imaging scan. The guideline criteria have not been fully met. The injured worker presents with mechanical symptoms and imaging findings of meniscal pathology. Clinical exam findings document decreased range of motion and medial joint line tenderness. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure during the past 3 years has not been submitted. Therefore, this request is not medically necessary.

Outpatient Post-Op Physical Therapy 3 Times Per Week x 4 Weeks To The Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Meniscectomy, Page(s): 24.

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