

Case Number:	CM14-0152026		
Date Assigned:	09/22/2014	Date of Injury:	05/24/2014
Decision Date:	12/09/2014	UR Denial Date:	09/02/2014
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 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:

According to the records made available for review, this is a 40-year-old male with a 5/24/14 date of injury. At the time (8/14/14) of request for authorization for Prohab PT 2x4 left knee, Left knee arthroscopy menisectomy and debridement, PT 3x4 left knee, Crutches, and Knee brace, there is documentation of subjective (left knee pain with locking, catching, and giving away) and objective (tenderness to palpitation over left knee and generalized swelling) findings, imaging findings (reported MRI of the left knee (6/23/14) revealed mild extensor tendinopathy, mild patellofemoral osteoarthritis, small to moderate effusion and small popliteal cyst, and no meniscal or ligamentous tears; report not available for review), current diagnoses (left knee sprain and lumbar sprain), and treatment to date (brace and medications). Regarding Left knee arthroscopy menisectomy and debridement, there is no documentation of clear signs of a buckehandle tear on examination (tenderness over the suspected tear but not over the entire joint line, and lack of full passive flexion) and imaging findings (Meniscal tear on MRI). Medical reports identify a request for Prehab PT 2x4 left knee prior to the requested surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prohab PT 2x4 left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. ODG recommends a limited course of physical therapy for patients with a diagnosis of knee sprain not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee sprain and lumbar sprain. In addition, given documentation of subjective (left knee pain with locking, catching, and giving away) and objective (tenderness to palpitation over left knee and generalized swelling) findings, there is documentation of functional deficits and functional goals. However, given documentation of a 5/24/14 date of injury, where there would have been an opportunity to have had previous physical therapy, it is not clear if this is a request for initial or additional (where physical therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) physical therapy. Therefore, based on guidelines and a review of the evidence, the request Prohab PT 2x4 left knee is not medically necessary.

Left knee arthroscopy meniscectomy and debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Meniscectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as additional criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of a diagnosis of left knee sprain. In addition, there is documentation of failure of conservative treatment (medications). Furthermore, given documentation of subjective (left knee pain with

locking, catching, and giving away) findings, there is documentation of symptoms other than simply pain (locking and giving way). However, despite documentation of objective (tenderness to palpitation over left knee and generalized swelling) findings, there is no documentation of clear signs of a bucket-handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and lack of full passive flexion). In addition, given documentation of a reported imaging findings (MRI of the left knee identifying mild extensor tendinopathy, mild patellofemoral osteoarthritis, small to moderate effusion and small popliteal cyst, and no meniscal or ligamentous tears), there is no documentation of imaging findings (Meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request for Left knee arthroscopy meniscectomy and debridement is not medically necessary.

PT 3x4 left knee: 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: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for PT 3x4 left knee is not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, The Knee-Durable medical equipment (DME)

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

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Crutches is not medically necessary.

Knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, The Knee-Durable medical equipment (DME)

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

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Knee brace is not medically necessary.