MAXIMUS Federal Services

Case Number:	CM14-0157512		
Date Assigned:	09/30/2014	Date of Injury:	07/01/2013
Decision Date:	10/28/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/25/2014

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 Family Medicine and is licensed to practice in Ohio. 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 63-year-old male with a cumulative trauma injury for which he first sought care on July 1, 2012. He complains of bilateral knee pain and swelling as a consequence of standing nearly 12 hours a day for many years. His physical exam has revealed tenderness to palpation of the medial joint lines, reduced flexion, effusions, and a positive McMurray's sign for both knees. An MRI scan of the right knee revealed evidence of an ACL sprain, peripheral subluxation of the patella, degenerative marginal osteophyte of the medial femoral condyle, a degenerative marginal osteophyte off the superior-posterior patella, and evidence of a joint effusion. An MRI scan of the left knee revealed a possible partial ACL tear, thinning of the medial tibial plateau, a moderate joint effusion, and peripheral subluxation of the medial meniscus. The given diagnoses are bilaterally torn medial menisci and internal derangement of the bilateral knees. Patient has had physical therapy; however those notes have not been included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy and Debridement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery - Diagnostic arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Diagnostic Arthroscopy Br J Sports Med 2010;44:i5-i6 doi:10.1136/bjsm.2010.078972.16, Sensitivity of magnetic resonance imaging in detecting meniscal pathology

Decision rationale: ODG Indications for Surgery Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications. OR Physical therapy. PLUS 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS 3. Imaging Clinical Findings: Imaging is inconclusive. Published data show that sensitivity and specificity of magnetic resonance imaging (MRI) for detecting meniscal pathology can approach 90% when compared to arthroscopic findings. In this instance, the clinical exam of the right knee continues to show evidence of medial meniscal pathology. It is known that MRI scan techniques for torn medial meniscus will detect up to 90% of meniscal pathology, but not 100%. Therefore, Right Knee Arthroscopy and Debridement is medically necessary.

Physiotherapy 2x3 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty))>

Decision rationale: It appears that the injured worker has had 6 physical therapy visits to date although those notes are not included. The ODG guidelines call for a reassessment of the progress of physical therapy after a 6 visit trial. The guidelines do allow for a greater number of visits depending on the treatment outcome to date and the diagnosis. For example, 12 visits over 8 weeks are allowed for in the case of an ACL sprain/strain. 9 visits are allowed over 8 weeks for a joint effusion. However, as no physical therapy notes have been included for review, the actual number of visits and progress to date cannot be ascertained. Therefore, physiotherapy 2x3 bilateral knees is not medically necessary under the above guidelines.