

Case Number:	CM14-0176098		
Date Assigned:	10/29/2014	Date of Injury:	07/18/2013
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/23/2014

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 Minnesota. 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 40 year old male who played soccer professionally for 20 years. He was injured at work on July 18, 2013 when he slipped, hyperextending both knees. He has bilateral knee pain, low back pain, and paresthasias in the right foot. He complains of popping and swelling in both knees with occasional giving way. On examination there is patellar apprehension bilaterally, tenderness at the medial joint line, tenderness along the patellar margin. MRI scans of both knees show complex tears of the body and posterior horns of the medial menisci. There is mild lateral subluxation of the left patella. MRI scan of the lumbar spine revealed degenerative disc disease at L5-S1 with a bulge and facet arthritis but no nerve root compression. The worker has been treated by a chiropractor and physical therapy was also prescribed but the available documents do not include physical therapy notes. The disputed issue pertains to a request for left knee arthroscopy and partial medial meniscectomy, use of post-operative cryotherapy, physical therapy and a cane. The request was denied due to the absence of documentation pertaining to a satisfactory trial of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Left Knee Arthroscopy with Partial Medial Meniscectomy: Overturned

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

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

Decision rationale: California MTUS guidelines indicate surgical considerations for a torn meniscus after activity limitation for more than one month and documented failure of exercise programs to increase range of motion and strength of the quadriceps and hamstring muscles. A review of the available documentation indicates a request for formal physical therapy as well as chiropractic treatment for the knees and lower back. The chiropractic treatment included active exercises; however, the symptoms of knee pain, swelling, popping, and giving way persisted. There was no improvement documented. The MRI scans were obtained in April 2014 and the request for arthroscopic surgery was in October. He obtained Naproxen through his family physician which gave him some relief but his episodes of locking continued. It has been over a year since his injury. The guidelines also mention a high success rate for arthroscopic partial meniscectomy when there are mechanical symptoms and a clear evidence of meniscal tear on examination and consistent findings on MRI as in this case. The MRI did not show significant evidence of chondromalacia, Therefore a good result is expected with arthroscopic partial medial meniscectomy. In light of the above, the medical necessity of the requested left knee arthroscopy with partial medial meniscectomy is medically necessary per guidelines.

(12) Post-Operative Physical Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
10-11, 25.

Decision rationale: Controversy exists over the effectiveness of therapy after an arthroscopic partial meniscectomy. The guidelines indicate post-surgical physical therapy treatment of an old bucket handle tear of 12 visits over 12 weeks. The physical medicine period is 4 months. The initial course of therapy is one half of the total which is 6 visits. With documentation of functional improvement a subsequent course of therapy may be prescribed within the parameters of the general course of therapy which is an additional 6 visits. The requested 12 visits exceed the guidelines and are not medically necessary.

(7) Day Rental of Cold Therapy unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter: Continuous-Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter: Continuous-Flow Cryotherapy.

Decision rationale: California MTUS does not address this issue. ODG guidelines support the use of continuous flow cryotherapy after knee surgery for 7 days. It reduces inflammation and

pain and cuts down the need for narcotics. The 7 day rental of the cold therapy unit as requested is therefore medically necessary.

(1) Cane: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Walking Aids (Canes, Crutches, Braces, Orthosis, & Walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Walking Aids.

Decision rationale: California MTUS does not address this issue. ODG guidelines recommend the use of a cane for ambulation. The request is therefore medically necessary.