

Case Number:	CM14-0179761		
Date Assigned:	11/04/2014	Date of Injury:	01/19/2011
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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:

This is a 61 year old male with a 1/19/11 injury date. In a 10/15/14 appeal letter, subjective findings included long-standing left knee pain, intermittent swelling, catching, and locking episodes, and pain with squatting, bending, and twisting activities. The previous conservative treatment methods were described as well and are listed below. Objective findings of the left knee included 1 cm quadriceps atrophy, flexion to 125 degrees, extension to neutral, medial and lateral patellar facet tenderness, positive medial joint line tenderness, positive McMurray's test, and 4+/5 quad strength. The recent left knee MRI documents a complex medial meniscus tear. Diagnostic impression: left knee meniscus tear. Treatment to date: rest, anti-inflammatory medications, physical therapy, home exercise, intra-articular cortisone injection that gave temporary relief. A UR decision on 10/8/14 denied the request for arthroscopic meniscectomy and debridement of the left knee on the basis that there was no documentation of lower levels of care and the left knee had functional range of motion. The request for post-op physical therapy was denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic meniscectomy and debridement left knee with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345, Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. At this point, there is documentation of the necessary findings to support certification of the procedure. The patient has occasional locking of the left knee, has intermittent swelling with slightly reduced flexion, and has atrophy and weakness of the quadriceps. Conservative treatment that has included physical therapy and cortisone injections has failed. The MRI has confirmed the presence of a complex medial meniscus tear. Therefore, the request for arthroscopic meniscectomy and debridement left knee with [REDACTED] is medically necessary.

Associated surgical service: Post Op physical therapy 3 x 4: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Meniscectomy

Decision rationale: CA MTUS supports 12 physical therapy sessions over 12 weeks after arthroscopic meniscectomy. The present request for 3 sessions/week for 4 weeks is allowed under the guideline criteria. Therefore, the request for post-op physical therapy 3 x 4 is medically necessary.