

Case Number:	CM14-0030023		
Date Assigned:	06/20/2014	Date of Injury:	04/22/2013
Decision Date:	08/04/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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:

The claimant is a 54-year-old female injured on April 22, 2013, while working as a custodian and pushing a linen cart. A January 17, 2014, office note reports sharp, right knee pain, which the claimant described as a five in severity on a 10-point scale. Physical examination showed painful, limited range of motion with tenderness on palpation over the medial joint line. McMurray's test was positive. The claimant's working diagnosis is mild degenerative arthritis of the bilateral knees with right medial meniscus tear. The records available for review document no previous pertinent surgical intervention and reference no diagnostic studies. The claimant has been treated conservatively with Naproxen, 12 sessions of formal physical therapy and activity modification. A February 21, 2014, utilization review denied surgical intervention; a utilization review determination dated April 21, 2014, approved right knee arthroscopy with the medial meniscectomy. This request is for right knee arthroscopy with medial meniscectomy, preoperative medical clearance, 12 sessions of post-operative physical therapy and the purchase or rental of a cold therapy unit for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Medial Meniscectomy: Upheld

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

Guidelines (ODG) - TWC, Knee and Leg Procedure Summary last updated 01/09/2013, Indications for Surgery - Meniscectomy.

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, this request for knee arthroscopy with medial meniscectomy is not supported as medically necessary. The reviewed records contain no diagnostic studies to confirm acute medial meniscus tear or to evaluate degenerative changes in the knee, which may contraindicate the need for arthroscopy with meniscectomy when significant arthritis is present as recommended by the ACOEM Guidelines. Therefore, the request for right knee arthroscopy with medial meniscectomy is not medically necessary and appropriate.

Pre-operative Medical Clearance: 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: The request for knee arthroscopy with medial meniscectomy is not established as medically necessary. Therefore, the request for preoperative medical clearance is not medically necessary.

Post-operative Physical Therapy 3 x week for 4 weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for knee arthroscopy with medial meniscectomy is not established as medically necessary. Therefore, the request for 12 sessions of post-operative physical therapy is not medically necessary.

Cold Therapy Unit (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter; Continuous Cold Therapy & Gamekeeper.

Decision rationale: The request for knee arthroscopy with medial meniscectomy is not established as medically necessary. Therefore, the request for the purchase or rental of a cold therapy unit for use post-operatively is not medically necessary.