

Case Number:	CM14-0041129		
Date Assigned:	06/30/2014	Date of Injury:	02/07/2012
Decision Date:	08/19/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine, 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:

Patient is a 68-year-old female who has submitted a claim for right knee chondromalacia, meniscus tear, and iliotibial band syndrome associated with an industrial injury date of 02/07/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of right knee pain with minimal improvement after physical therapy. This resulted to difficulty performing prolonged standing. Physical examination of the right knee showed tenderness at medial and lateral joint line, effusion, crepitation, and restricted range of motion. McMurray test and patellofemoral grind test were positive. MRI of the right knee, dated 07/10/2013, demonstrated irregular defects of the medial meniscus, most likely tearing. There was slight subluxation inferiorly. Blunting of the free edge of the lateral meniscus was most likely meniscectomy debridement changes versus degenerative free edge tear. Treatment to date has included right knee surgery in June 2012, physical therapy, Euflexxa injection, and medications. Utilization review from 03/10/2014 denied the requests for right knee arthroscopy and post-op PT x 12 sessions because the AME had yet to conclude that surgery was needed at the time of review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

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): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Meniscectomy.

Decision rationale: Page 344 of CA MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, failure of conservative care is an indication for knee surgery as stated in ODG. In this case, patient complained of right knee pain corroborated by findings of effusion, crepitation, tenderness, positive McMurray's test, and positive patellofemoral grind test. MRI of the right knee, dated 07/10/2013, demonstrated irregular defects of the medial meniscus, most likely tearing. The rationale for right knee arthroscopy was due to persistence of knee pain despite conservative care comprised of physical therapy and Euflexxa injections. Also, the total number of physical therapy visits attended was not documented; hence, failure of therapy cannot be established. Moreover, the MRI report mentioned previous knee surgery in June 2012. However, progress reports submitted failed to provide documentation concerning the type of surgery accomplished at that time. There is insufficient information to warrant the request at this time. Therefore, the request for Right knee arthroscopy is not medically necessary.

Post-op physical therapy: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.