

Case Number:	CM14-0047093		
Date Assigned:	07/07/2014	Date of Injury:	08/08/2003
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/15/2014

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 Utah. 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 patient is a 48 year-old female. The patient's date of injury is 6/6/2003. The mechanism of injury is described as a twisting type injury to the right knee, after her shoe was stuck in the holes of a rubber mat. The patient has been diagnosed with ACL tear, with repair, deep vein thrombosis, tobacco dependence. The patient's treatments have included multiple previous surgeries on the knee, physical therapy, imaging studies and medications. The physical exam findings, dated March 28th, 2014 show knee pain with catching and locking, instability in the knee, with anterior drawer test. The motor strength in the knee is reported a 5/5 normal, with normal range of motion, and there are no deficits. Recent MRI after her most recent surgery is consistent with a posterior horn meniscal tear and questionable ischemia. The most recent MRI findings of April 3, 2014 show a posterior horn free edge fray of the meniscus, which is a new injury to the meniscus seen the previous study.

IMR ISSUES, DECISIONS AND RATIONALES

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

R knee arthroscopy, diagnostic and therapeutic: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for right knee arthroscopy, diagnostic and therapeutic. The clinical documents state that the patient has catching and locking. There are anatomical changes per MRI that were not previously present. According to the clinical documentation provided and the current MTUS guidelines; right knee arthroscopy, diagnostic and therapeutic is indicated as a medical necessity to the patient at this time. As such, the request is medically necessary.

12 Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Postsurgical treatment guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 sessions of physical therapy. The clinical documents state that the patient has catching and locking. There are anatomical changes per MRI that were not previously present. According to the clinical documentation provided and the current MTUS guidelines; 12 sessions of physical therapy is indicated as a medical necessity to the patient at this time.