

Case Number:	CM14-0052762		
Date Assigned:	07/07/2014	Date of Injury:	07/01/2013
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 07/01/2003, reportedly sustained while at work to both knees. It was reported the injured worker climbed stairs frequently. The injured worker's treatment history included medications, physical therapy sessions, and an MRI. The injured worker was evaluated on 05/07/2014, and it was documented that the injured worker complained of bilateral knee pain, right greater than left. The injured worker was attending physiotherapy 2 times a week with no significant changes with said therapy. Physical examination of the knees revealed severe palpable tenderness of the medial joint line, both anterior and posterior horn of the bilateral knee. The injured worker had edema of the bilateral anterior lateral knee, and a positive bilateral McMurray's signs. Range of motion right/left flexion was 110 degrees with pain. The injured worker had undergone an MRI on 01/2014 that revealed there was no meniscal or old bucket tear noted. Diagnoses included tear of medial cartilage or meniscus of the knee, and internal derangement of the knee. The request for authorization dated 05/07/2014 was for physical therapy, right knee arthroscopic and debridement surgery and a bilateral knee brace, however the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic and Debridement Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 334-345.

Decision rationale: MTUS/ACOEM Guidelines state surgical considerations for the knee may be indicated for patients who have; Activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repairs of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and can avoid surgical risk. Meniscus tears arthroscopic partial meniscectomy, usually has a high success rate for cases in which there is clear evidence of a meniscus tear; clear signs of a bucket handle tear on examination; and consistent findings on MRI. However, patients suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to a partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The documents submitted indicate that the injured worker has undergone an MRI, however the findings were not submitted for this review. In addition, the documents submitted for review failed to indicate the duration of the injured worker's knee symptoms. Given the above, the request is not medically necessary.

Physical Therapy 3 x 4 to Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

Decision rationale: MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents indicated the injured worker had physical therapy with no benefit. However, the provider failed to indicate outcome measurements of the home exercise regimen. In addition, long-term functional goals were not provided for the injured worker. Given the above, the request is not medically necessary.

Bilateral Knee Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision on the Non-MTUS Harris, J. Occupational Medicine Practice Guidelines, 2nd Edition (2004), pp 337-339; Hegmann, K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) pp 1015-1017 table 13-3 Methods of Symptom Control for Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337.

Decision rationale: Per ACOEM Guidelines, an immobilizer may be recommended only if needed for meniscal tears, collateral ligament strain or cruciate ligament tear. The guidelines also state that adjustment or modification of workstation, job tasks, or work hours, as well as methods of stretching

and specific knee exercises are beneficial for range of motion and strengthening. At-home local applications of cold packs in the first few days of acute complaints; thereafter, applications of heat packs and aerobic exercise. The documents that were provided lacked evidence of conservative care such as home exercise and medication relief. Given the above, the request is not medically necessary.