

Case Number:	CM14-0062441		
Date Assigned:	07/11/2014	Date of Injury:	12/27/2012
Decision Date:	10/03/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurological 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 records, presented for review, indicate that this 57-year-old gentleman was reportedly injured on December 27, 2012. The mechanism of injury is described as the right leg got caught in an aircraft towbar. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated range of motion from. There was moderate patellofemoral joint crepitus as well as medial and lateral joint line tenderness. There was a positive McMurray's test at the medial and lateral aspects. Diagnostic imaging studies of the right knee revealed arthritic changes with fraying of the medial and lateral meniscus and a small Baker's cyst. Previous treatment included right knee surgery including a medial and lateral Meniscectomy and Chondroplasty, steroid injections, and viscosupplementation. A request was made for A Right Knee Meniscectomy and Debridement and postoperative physical therapy of the right knee and was not considered medically necessary in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Meniscectomy and Debridement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, and Leg, Meniscectomy

Decision rationale: According to the Official Disability Guidelines, the indications for Meniscectomy include failure of conservative care to include supervised physical therapy and or home rehabilitation exercises. The most recent progress note, dated April 15, 2014, does not indicate that the injured employee has failed to improve with therapy. Furthermore, the MRI of the right knee revealed fraying of the medial and lateral meniscus without a definitive tear. For these reasons, this request for a Right Knee Meniscectomy and Debridement is not medically necessary.

Post-Operative Physical Therapy 2x6 Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, and Leg, Physical Therapy

Decision rationale: As the accompanying request for knee surgery has been determined not to be medically necessary, so is this request for postoperative physical therapy.