

Case Number:	CM14-0066503		
Date Assigned:	09/18/2014	Date of Injury:	09/16/2005
Decision Date:	10/15/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 Geriatrics and is licensed to practice in New York. 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 67 year old man with a date of injury of 9/16/05. He was seen by his attending physician on 2/14/14 and had ongoing pain and locking / giving way of the right knee. He was scheduled for right knee arthroscopy on 3/21/14. He also had pain and stiffness of his lower back and left knee. His exam showed tenderness, spasms and decreased range of motion of the lumbar spine. He was tender in both knees and had a positive McMurray's test on the right. His diagnoses included meniscus tear right knee, lumbar sprain and strain, bilateral lower extremity radiculopathy and bilateral knee sprain/strain. The only records available to review are clinic visit progress notes. At issue in this review is the request for right knee diagnostic arthroscopy with debridement and partial medial and lateral meniscectomy and post-operative physical therapy x 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic arthroscopy with debridement and partial medial and lateral meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Knee; Low BackKnee and Leg Chapter- Diagnostic Arthroscopy, Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: This injured worker has chronic knee and low back pain. There are limited records to review to support the request for arthroscopy. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-- symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. This worker has locking and pain and a positive McMurray's test on exam but the records do not document progressive or severe activity limitation or substantiate the need for surgery at this point versus conservative methods to maximize healing given his age and likely degenerative changes. The request is not medically necessary.

Post-operative physical therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Per the post-surgical treatment guidelines, controversy exists about the effectiveness of therapy after arthroscopic partial meniscectomy. Functional exercises after hospital discharge for total knee arthroplasty result in a small to moderate short-term, but not long-term, benefit. Given that there is lack of clinical documentation to support the arthroscopy surgery, the records do not support the medical necessity of physical therapy x 6 visits.