

Case Number:	CM14-0067136		
Date Assigned:	07/11/2014	Date of Injury:	08/15/2012
Decision Date:	08/29/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Orthopaedic 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 injured worker is a 39 year old female who sustained an injury to the right knee in an industrial accident on 8/15/12 (also reported as 6/28/12) when she struck it on a safe. Treatment at the time of injury is not stated in the available records for review. A magnetic resonance imaging scan of 9/5/12 demonstrated mucoid degeneration of the medial and lateral menisci. She currently complains of persistent right knee pain made worse with weight bearing activities. Tylenol and a knee brace are helpful. There is no documentation of physical therapy (PT), intraarticular steroid injection, or specific activity modification. The injured worker is not currently back to work. On clinical examination on 4/16/14 and 5/22/14, the injured worker had medial joint line tenderness, a small effusion, and ambulated with an antalgic gait. No mechanical symptoms or signs were documented. A right knee arthroscopy with partial medial meniscectomy was requested on 4/23/14 and denied on 4/30/14. That denial is being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Indications for meniscectomy: Criteria for meniscectomy or meniscus repair.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not address arthroscopic meniscectomy. The American College of Occupational and Environmental Medicine guidelines state: 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 magnetic resonance imaging. 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 partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. There is no documentation of mechanical symptoms and the magnetic resonance imaging documented is nearly 2 years old and demonstrated only mucoid degenerative changes of the medial and lateral menisci. The Official Disability Guidelines state the criteria for meniscectomy or meniscus repair suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, magnetic resonance imaging with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without physical therapy. For this injured worker, only use of medication is documented, but there is no documentation of completion of a course of physical therapy or home exercise program. The injured worker complains of joint pain, but no mechanical symptoms are documented. Joint pain/tenderness and effusion are documented. The only documented magnetic resonance imaging scan was completed almost 2 years ago and demonstrated only mucoid degeneration of the medial and lateral menisci. As the American College of Occupational and Environmental Medicine and Official Disability Guidelines are not met as documented above, the medical necessity of the requested Right Knee Arthroscopy With Partial Medial Meniscectomy has not been established.

Cold therapy unit for 10 days (rental): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter: Continuous-flow cryotherapy.

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

Decision rationale: As the index procedure, right knee arthroscopy with partial medial meniscectomy, cannot be recommended for certification, the request for the postoperative Cold Therapy Unit 10 Day Rental is not medically necessary.

Postoperative physical therapy 2 times per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
24.

Decision rationale: As the index procedure, right knee arthroscopy with partial medial meniscectomy, cannot be recommended for certification, the request for the postoperative Physical Therapy is not medically necessary.