

Case Number:	CM14-0071299		
Date Assigned:	07/14/2014	Date of Injury:	12/01/2010
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/16/2014

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 38 year old male who sustained an industrial injury on 12/1/2013. He has been treating for low back and knee complaint. Treatment has included medications and TTD status. A 4/29/2013 MRI of the left knee revealed joint effusion, minimal fraying of the cartilage involving the lateral knee compartment, and signal abnormality in the lateral meniscus representing a complex meniscal tear. The 3/12/2014 PTP PR-2 documents the patient was last seen one month ago, and at that time had injured his knee for the second time and was doing better and was discharged. He states his knee popped again a few days ago and caused increasing pain. This occurred during his normal work activities. Past medical history dates back to prior knee pain from March 2013. He is unable to stand/walk on that knee, has difficulty sleeping and with any movement of the knee. Examination documents minimal swelling with no varus/valgus deformity, tenderness of the left patellofemoral joint and over the lateral meniscal region, painful ROM with moderate-severe guarding, unable to fully bear weight on the left knee. The 3/12/2014 4-views radiographs of the left knee reveal mild joint effusion and mild patellofemoral osteoarthritis. A 3/21/2014 MRI of the left knee reveals large displaced bucket-handle variant tear of the lateral meniscus; small trochlear cartilage fissure; mild extensor mechanism enthesopathy/stress/response; subtle fraying medial meniscal free edge; joint effusion. The 4/16/2014 PTP progress report documents tenderness of the medial and lateral joint lines, no swelling, ecchymosis or swelling, painful range of motion, and no laxity. Diagnosis is left knee lateral meniscal tear. According to the 4/18/2014 progress report, examination of the knee documents 10-60 degrees motion and exquisite medial joint line tenderness. According to the 6/3/2014 progress report, he has been authorized to proceed with knee arthroscopy. He continues to have significant tension signs. Examination documents pain with hyperflexion, positive McMurray's and tension signs bilaterally, left worse than right. Impression: lumbar disc disease

with left lower extremity radiculopathy; left knee bucket handle lateral meniscus tear; left knee moderate patellofemoral osteoarthritis. Plan is to proceed with knee surgery. Authorization for lumbar ESI is also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Left knee arthroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The CA MTUS ACOEM 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 MRI. In the case of this patient the recent repeat MRI of the left knee confirms bucket-handle tear of the lateral meniscus. His symptoms of the left knee have worsened, and clinical findings are consistent with the imaging findings. The patient is several months post date of injury. The ODG states meniscectomy is recommended and indicated for symptomatic meniscal tears for younger patients and for traumatic tears, when the outlined criteria are met, which have been adequately established in this case. It is not expected that continued conservative care will improve his knee condition and function. The patient is a surgical candidate for arthroscopy meniscal repair. Therefore, the request is medically necessary.

Postoperative physical therapy to left knee 2 x week for 4 weeks: Overturned

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

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

Decision rationale: "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks*Postsurgical physical medicine treatment period: 6 months The medical records establish patient is a candidate for left knee arthroscopy for the purpose of correction of lateral meniscal tear. Postoperatively, 12 PT sessions are recommended following meniscal repair. As outlined in

the post-surgical treatment guidelines, the initial course of therapy is one half of the number of visits specified for the specific surgery. The requested 8 PT sessions is excessive, and not supported by the guidelines. However, an initial course of 6 post-operative sessions is supportable and recommended as medically necessary. Pending the patient's response to the initial course of therapy, additional sessions may be indicated.