

Case Number:	CM14-0080694		
Date Assigned:	07/18/2014	Date of Injury:	01/19/2011
Decision Date:	12/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 Orthopedic Surgery, has a subspecialty in Fellowship trained in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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 61-year-old male who reported an injury on 01/19/2011, due to an unspecified mechanism of injury. An Epworth sleepiness scale dated 12/11/2013 showed that the injured worker scored in the normal range with a score of 3. He had noted that self-care activities were uncomfortable and were done slowly. He could only lift and carry light to medium objects. Symptoms prevented him from walking for more than 1 mile and the most strenuous level of activity that he could do for at least 10 minutes was light activity. He noted a lot of difficulty climbing up 1 flight of stairs, he stated he could only sit between 15 and 30 minutes at a time and could only stand/walk between 30 to 60 minutes at a time. He had no difficulty grasping things off a shelf at chest level, no difficulty with overhead motions and stated that he could push and pull light objects. He noted no difficulty with gripping, grasping, holding and manipulating objects with the hands and no difficulty with repetitive motions such as typing on a computer. A treatment plan recommendation shows that a request was being made for a left knee arthro-surgery. There was no documentation regarding the patient's physical examination findings, diagnostic studies, surgical history, relevant diagnoses, or medications. Past treatments included physical therapy. The treatment plan was for a left knee arthroscopic surgery, medial meniscectomy and chondroplasty of the patellofemoral joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopic Surgery, Medial Meniscectomy, and Chondroplasty of Patellofemoral Joint: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, California Code of Regulations, Title 8, (Effective Jul.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, (2004), pages 343-345

Decision rationale: The California MTUS/ACOEM Guidelines state that referral for a surgical consultation may be indicated for patients who have activity limitations for more than 1 month and have a failure of exercise programs to increase motion and strength of musculature around the knee. Arthroscopic partial meniscectomies usually hold a high success rate for cases in which there is clear evidence of a meniscal tear. 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. Based on the clinical information submitted for review, the injured worker was noted to have had difficulties with some activities of daily living and it was requested that he underwent a left knee arthroscopic surgery. However, there were no imaging studies submitted for review to validate that there is a deficit in the medial meniscus or in the patellofemoral joint. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for a Left Knee Arthroscopic Surgery, Medial Meniscectomy and Chondroplasty of Patellofemoral Joint is not medically necessary.

Post-Op Physical Therapy 3 X 4 Left Knee: 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: The California Postsurgical Rehabilitation Treatment Guidelines state that physical therapy is recommended for 12 visits over 12 weeks following a meniscectomy. The guidelines also recommend undergoing an initial trial of 6 physical therapy sessions to allow for a re-evaluation and determine treatment success. While postoperative physical therapy would be supported following a meniscectomy, without documentation to support the concurrent request for the surgical intervention, the request for postoperative physical therapy would not be medically necessary. Given the above, the request for Postoperative Physical Therapy 3 times 4 Left Knee are not medically necessary.