

Case Number:	CM14-0179802		
Date Assigned:	11/04/2014	Date of Injury:	09/27/2010
Decision Date:	01/27/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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, 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 patient is a 53-year-old male who has submitted a claim for left knee ACL tear, medial meniscus tear, and lateral meniscus tear status post repair associated with an industrial injury date of 9/27/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent left knee pain despite repair of anterior cruciate ligament and menisci. He developed recurrent instability and weakness of the left knee accompanied by locking episodes. Physical examination of the left knee showed 0-135 degrees of flexion, negative anterior and posterior drawer signs, no rotational instability, and absence of swelling. Motor strength and sensory were intact. The knee was stable on varus and valgus stress testing. The MRI of the left knee on 7/9/2014 showed intact ACL graft without evidence of meniscal tear. Treatment to date has included anterior cruciate ligament reconstructive surgery and repair of the medial and lateral menisci on 5/27/2010, physical therapy, and medications. The utilization review from 10/20/2014 denied the requests for left knee arthroscopy, medial and lateral meniscectomy, debridement, and post-operative physical therapy 2 x 6 because the most recent MRI showed no evidence of a surgical pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: left knee arthroscopy medial & lateral meniscectomy debridement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Section, Diagnostic arthroscopy.

Decision rationale: Page 344 of CA MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, ODG criteria for diagnostic arthroscopy include persistent pain and functional limitations recalcitrant to conservative care, when imaging is inconclusive. In this case, the patient complained of persistent left knee pain despite anterior cruciate ligament reconstructive surgery and repair of the medial and lateral menisci on 5/27/2010. He developed recurrent instability and weakness of the left knee accompanied by locking episodes. Physical examination of the left knee showed 0-135 degrees of flexion, negative anterior and posterior drawer signs, no rotational instability, and absence of swelling. Motor strength and sensory were intact. The knee was stable on varus and valgus stress testing. Recurrence of symptoms prompted a recommendation for left knee arthroscopy, medial & lateral meniscectomy, and debridement. However, the MRI of the left knee on 7/9/2014 showed intact ACL graft without evidence of meniscal tear. Moreover, there are no objective findings that corroborate the presence of knee instability. The guideline criteria are not met. Therefore, the request for associated surgical service: left knee arthroscopy, medial & lateral meniscectomy, and debridement is not medically necessary.

Associated surgical service: physical therapy 2 x 6 for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 12 visits over 12 weeks for tear of medial / lateral cartilage / meniscus of knee. Initial course of therapy means one half of the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. In this case, the patient is recommended to undergo left knee arthroscopy, medial & lateral meniscectomy, and debridement. However, the request has been deemed not medically necessary due to absence of a surgical lesion on MRI. There is no basis for certifying the post-operative treatment procedure due to denial of surgery. Therefore, the request for associated surgical service: physical therapy 2 x 6 for the left knee is not medically necessary.

