

Case Number:	CM14-0188751		
Date Assigned:	11/19/2014	Date of Injury:	08/21/2012
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 37 year old male with date of injury 8/21/2012. The mechanism of injury is not reported. A progress note of 9/11/2014 documents history of right knee pain. Physical examination is not documented. Treatment recommendations included Motrin, physical therapy 2 times a week for 4 weeks, urine test to monitor medications, and diagnostic arthroscopy of the right knee. An MRI scan of 8/14/2014 revealed intact medial, lateral, and patellofemoral compartments, a small effusion and a Baker's cyst measuring 45.9 mm x 28.4 mm x 27.6 mm. and a smaller ganglion cyst. The disputed issues pertain to a request for arthroscopy of the right knee with partial medial meniscectomy, and post-operative physical therapy 2 times a week for 4 weeks. This was non-certified by Utilization Review as there was no detailed physical examination or evidence of conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic examination of the right knee with partial medial meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The California MTUS guidelines recommend arthroscopic partial meniscectomy when there is a clear evidence of a meniscus tear. Symptoms other than pain such as locking, popping, giving way, recurrent effusions, and clear signs of a bucket handle tear on examination such as tenderness over the suspected tear but not elsewhere, and consistent findings on MRI need to be present. Other than knee pain, the symptoms and findings are not submitted. The MRI shows a Baker's cyst but no meniscal tear is reported. There is no documentation of failure to improve with conservative treatment. Based upon the above the guideline criteria for the requested procedure are not met and the medical necessity of the arthroscopy with partial medial meniscectomy is not substantiated.

(Associated Services) Physical therapy 2 x 4 for the right knee: Upheld

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

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

Decision rationale: The requested surgical procedure is not medically necessary. Therefore the post-operative physical therapy is also not medically necessary.