

Case Number:	CM14-0209167		
Date Assigned:	12/22/2014	Date of Injury:	05/07/2013
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 58-year-old female who reported an injury on 08/07/2013. The mechanism of injury was due to repetitive twisting torquing and fighting on the mat. Her diagnoses include right knee medial and lateral meniscus tear with partial anterior cruciate ligament tear and a lumbar spine multilevel herniated nucleus pulposus at the levels L2-S1 as well as L1-2 stenosis. Her past treatments include medication, therapy, and injections. Pertinent diagnostic studies and surgical history was not provided for review. On 10/10/2014, the injured worker complained of persistent right knee pain with swelling. The physical examination of the knee revealed range of motion of 0 to 120 degrees with painful patellofemoral crepitus throughout spinal patellar instability. The injured worker was indicated to have a positive McMurray's test. Pain with tenderness over the medial and lateral joint line and audible and palpable crepitus in the medial and lateral joint line. The injured worker was indicated to have normal quad strength, normal hamstring strength, and negative Lachman's test, a negative anterior drawer's test, a negative posterior drawer's test and a negative varus to valgus stress test. Her medications include Norco, Flexeril, Motrin, amlodipine, atorvastatin, Zyrtec and metformin. The treatment plan included decision for right knee arthroscopic medial and lateral meniscectomy and decision for associated surgical services post-op physical therapy qty:12. The rationale included the injured worker had failed conservative treatments for at least 3 months and the injury occurred in the course of employment. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopic Medial and Lateral Meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Guidelines indicate that surgical considerations may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. More specifically, the guidelines indicate that patients with meniscus tears should have clear evidence of a meniscus tear other than simple symptoms such as locking, popping, giving way or recurrent effusion. There should be clear signs of a bucket handle tear on examination which is tenderness over the suspected area but not over the entire joint line and lack of passive flexion and there should also be documentation of consistent findings on MRI. The injured worker was indicated to have failed physical therapy for more than 3 months along with other conservative therapy such as medications and injections. However, there was lack of documentation upon physical examination to include tenderness over the suspected tear but not over the entire joint line, patellar instability, and a positive McMurray's. In addition, the documentation failed to provide an official MRI for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated surgical services: Post-op Physical Therapy Qty 12: 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: According to the California MTUS Postsurgical Guidelines, patients who undergo a repair to the medial or lateral cartilage meniscus of the knee would be allotted 12 postsurgical physical medicine sessions. Furthermore, the guidelines indicate an initial course of therapy would be for half of the general course of therapy of 12 to indicate an initial of 6 visits. However, as the concurrent surgical request was not supported by the evidence based guidelines, the request for postoperative physical therapy is also not supported. As such, the request is not medically necessary.