

Case Number:	CM15-0107458		
Date Assigned:	06/11/2015	Date of Injury:	12/15/2012
Decision Date:	08/26/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/03/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 42 year old male, who sustained an industrial injury on 12/15/2012. Initial complaints and diagnoses were not clearly noted. On provider visit dated 02/09/2015 the injured worker has reported right knee pain. On examination of the right knee incision, quadriceps muscle atrophy was noted, crepitus and pain with motion was noted, popping and instability noted. A decreased range of motion was noted as well. The diagnoses have included right knee medial meniscus tear and inflamed medial plica, status post arthroscopy with popping, clicking and weakness. Treatment to date has included medication, physical therapy, anti-inflammatory medication, and cortisone injections. The provider requested right knee arthroscopy, post op physical therapy 3 times 4 for the right knee, and associated surgical services of crutches (right knee) and cold therapy unit times 21 day rental or purchase for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: 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): 343, 344, 345.

Decision rationale: The injured worker is a 42-year-old male. He underwent arthroscopy of the right knee with partial medial meniscectomy and partial lateral meniscectomy on 12/4/2014. A synovial plica was also resected. Per available notes he was reevaluated on 12/12/2014, sutures were removed and physical therapy prescribed for his knee. On February 9, 2015 he was still having quite a bit of pain and popping about the lateral patella. There was atrophy of the quadriceps muscle noted. There was a crepitus and pain with motion. There was popping present. Instability was documented although not specified. The current request pertains to arthroscopy of the knee although no additional records are submitted. Physical therapy notes are not available. The prior operative report is also not available. Imaging studies are not provided. California MTUS guidelines indicate surgical considerations for activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear. However, patients suspected of having meniscus tears but without progressive or severe activity limitation can be encouraged to live with symptoms to retain the protective effect of the meniscus. If symptoms are lessening conservative methods can maximize healing. In this case no recent comprehensive nonsurgical treatment program with exercise rehabilitation and strengthening has been documented. The imaging studies have not been provided. As such, the request for a repeat arthroscopy is not supported and the medical necessity of the request has not been substantiated.

Post op physical therapy 3 times 4 for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: crutches (right knee): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Cold therapy unit times 21 day rental or purchase for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.