

Case Number:	CM15-0019583		
Date Assigned:	02/09/2015	Date of Injury:	06/27/2013
Decision Date:	04/08/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

This 53 year old male former K-9 officer on June 27, 2013 reported a right knee injury due to cumulative trauma from 1982-2013. The diagnoses have included leg joint pain. Treatment to date has included right knee arthroscopy on October 24, 2014, radiological imaging, medications, and physical therapy. The IW was re-evaluated after arthroscopic the surgery. On December 18, 2014, he was making good progress. Physical findings reveal the right knee showing minimal swelling, healing surgical site, and mild to moderate joint tenderness. He was negative for McMurray's sign. The ODG guidelines indicate the patient is recommended to have Physical Medicine- 24 visits over ten weeks following a knee arthroplasty. However, the ODG guidelines for home health services recommend medical treatment only for patients who are home bound. Therefore, this patient who would be encouraged to exercise following surgery and would not be expected to be home bound. The requested treatment does not meet recommendations. The requested treatment: post-operative home health physical therapy (right knee) 2-3 post-operative visits (right knee) are not medically necessary and appropriate. The records indicate a magnetic resonance imaging scan of the left knee dated June 23, 2014 revealed chondromalacia over the medial patellar facet, as well as intrasubstance degeneration is the medial meniscus at the body and posterior horn. Documentation does not indicate the participation of the IW in any home exercise program for his left knee, any injections or other physical therapy. His provider on the other hand requested authorization for left knee arthroscopy. On January 5, 2015, Utilization Review non-certified left knee diagnostic/operative arthroscopic meniscectomy versus repair, possible debridement and/or chondroplasty , and

medical clearance to include: labs (complete blood count, prothrombin time, partial thromboplastin time, hepatitis/HIV panel, urinalysis), electrocardiogram, & chest x-ray, and 12 post-operative sessions of physical therapy, and one knee brace, based on ACOEM, ODG guidelines. On January 26, 2015, the injured worker submitted an application for IMR for review of left knee diagnostic/operative arthroscopic meniscectomy versus repair, possible debridement and/or chondroplasty, and medical clearance to include: labs (complete blood count, prothrombin time, partial thromboplastin time, hepatitis/HIV panel, and urinalysis), electrocardiogram, & chest x-ray, and 12 post-operative sessions of physical therapy, and one knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left knee diagnostic/ operative arthroscopic meniscectomy vs. repair, possible debridement and/or chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines- Meniscectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Meniscectomy Chapter: Indications for Surgery.

Decision rationale: According to the documentation, the PR2 of 7/24/2014 indicates the patient was doing his own home physical therapy and with activity his right knee was bothering him so he wished to go ahead with surgery on the right knee. The ODG guidelines recommend failed conservative treatment before considering surgery. Documentation does not indicate the quantity or extent of physical therapy to the patient's left knee. A Synvisc injection for the left knee was requested on 1/29/2015. Results from the injection are pending. No locking, clicking or popping of the knee is reported. The patient reported knee achiness, stiffness and pain. The response to a program of medication for the knee is not found. No complaints of the knee giving away are noted. The MRI of his knee reported only a possible small medial meniscus tear. Thus the requested treatment: 1 left knee diagnostic/operative arthroscopic meniscectomy vs repair, possible debridement and or chondroplasty is not medically necessary and appropriate.

Associated Surgical Service 1 medical clearance to include: labs (CBC, CMP, PT, PTT, HEP/HIV panel, U/A), EKG, & chest x-rays: 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.

12 post op sessions of physical therapy sessions: 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 1 knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines- Knee and Leg.

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.