

Case Number:	CM15-0130226		
Date Assigned:	07/21/2015	Date of Injury:	08/15/2011
Decision Date:	08/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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 53-year-old female who sustained an industrial injury on 08/15/2011. Mechanism of injury occurred when a dog attacked her, and while running away she struck her knee on a trashcan. Diagnoses include left knee internal derangement; rule out tricompartmental degenerative joint disease, status post left knee surgery x 2, and rule out lumbosacral radiculopathy. Treatment to date has included diagnostic studies, medications; status post 2 left knee surgeries, and continues physical therapy sessions. A Magnetic Resonance Imaging of the left knee done on 12/05/2014 shows defect in the posterior horn of the medial meniscus towards the meniscal root probably related to post-surgical changes, mild chondromalacia changes of the patella similar to the prior surgery. There is globular and linear intermediate signal intensity along the under surface of the posterior horn of the medial meniscus extending to the inferior articular surface without contrast penetration. This could represent post meniscal surgical changes. A sealed tear is a consideration. A physician progress note dated 06/22/2015 documents the injured worker complains of pain in the left knee rated a 5 out of 10. The left knee has restricted range of motion. The left knee has pain and swelling with crepitus and buckling. Effusion with crepitus is present. A physical therapy note dated 06/17/2015 documents the injured worker is improved but still has pain with activities. She rates her pain as 5 out of 10. She has full passive range of motion 0-150 degrees. Pain is sub-patellar. Continued physical therapy is recommended. Treatment requested is for additional 18 physical therapy visits for the left knee, and left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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): 345.

Decision rationale: The injured worker is a 53-year-old female with a history of work-related injury to the left knee on 8/15/2011. She underwent 2 arthroscopic surgical procedures and continues to be symptomatic despite 14 sessions of physical therapy. She complains of pain and has some deficits with regard to range of motion. The disputed request pertains to a repeat arthroscopy. Imaging studies have not revealed a definite meniscal tear or other evidence to warrant a third surgical procedure. Postoperative changes are noted in the menisci without evidence of a recurrent meniscal tear or a chondral defect. There is evidence of chondromalacia similar to the previous exam. The provider is requesting a third arthroscopy; however, the documentation provided does not indicate a clear rationale for the same. There is no explanation how a third arthroscopy will help the chronic knee pain that did not respond to 2 prior arthroscopic surgeries. Her pain is patellar. There is evidence of patellofemoral chondromalacia on the imaging studies. California MTUS guidelines indicate that although patellar shaving has been performed frequently for patellofemoral syndrome, long-term improvement has not been proved and its efficacy is questionable. Furthermore, meniscal surgery is not indicated without clear evidence of a meniscal tear. Patients suspected of having meniscal tears but without progressive or severe activity, limitations can be encouraged to live with the symptoms to retain the protective effect of the meniscus. Chondroplasty is not indicated in the presence of chondromalacia. As such, the request for arthroscopy is not supported and this request is not medically necessary.

Additional 18 physical therapy visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The documentation provided indicates that the injured worker has attended 14 physical therapy sessions and additional 18 visits are now requested. California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for a meniscectomy. The initial course of therapy is one-half of these visits, which are 6. Then with documentation of continuing functional improvement a subsequent course of therapy of the remaining 6 visits may be prescribed. The injured worker has completed 14 physical therapy sessions and there is no reason given why she cannot transition to a home exercise program. There is no documentation

of continuing functional improvement at this time. As such, the request for 18 additional physical therapy sessions is not supported and this request is not medically necessary.