

Case Number:	CM15-0134083		
Date Assigned:	07/22/2015	Date of Injury:	08/06/2014
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/10/2015

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: Illinois, California, Texas
 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:

This injured worker is a 69-year-old male sustained an industrial injury on 8/6/14, relative to a fall of a deck, about 5 feet. Conservative treatment included bracing, activity modification and medications. The 1/29/15 right knee MRI showed a non-displaced oblique tear of the posterior horn of the medial meniscus, old injury to the medial collateral ligament with some thickening of the ligament superiorly, and mild grade 1-2 chondromalacia of the medial femoral condyle. The 6/2/15 orthopedic report cited moderate right medial knee pain. Pain was aggravated by squatting, twisting, and going from sit to stand. The injured worker had not attended physical therapy. Right knee exam documented non-antalgic gait, medial joint line tenderness, and positive McMurray's test. The diagnosis was right knee medial meniscus tear. Authorization was requested for right knee arthroscopy with medial meniscectomy and 12 post-op physical therapy visits. The 6/10/15 utilization review non-certified the right knee arthroscopy with medial meniscectomy and associated post-operative physical therapy as there were no significant exam findings, there were documented arthritic changes, and the age of the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with medial meniscectomy: Overturned

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): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have 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. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. This injured worker presents with a 10-month history of persistent right knee pain. Clinical exam findings are consistent with imaging evidence of a medial meniscus tear. Detailed evidence of a recent, reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post op physical therapy 2 times a week for 6 weeks to the right knee: Overturned

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for chondroplasty suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.