

Case Number:	CM15-0134636		
Date Assigned:	07/24/2015	Date of Injury:	01/18/2014
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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:

The injured worker is a 59-year-old male who sustained an industrial injury on 1/18/14. The mechanism of injury was not documented. Records indicated that the 5/8/14 right knee MRI report documented very mild degenerative fraying along the inferior articular surface of the body and posterior horn of the medial meniscus suggestive of a very small non-displaced degenerative tear. There was minimal degenerative fraying of the inferior articular surface of the posterior horn and very mild blunting of the free edge of the body of the lateral meniscus suggestive of a very small non-displaced degenerative tear. There was a moderate sized popliteal cyst. There was no high-grade cruciate or collateral ligament tear. Conservative treatment included bracing, physical therapy, medications, and activity modification. The 6/1/15 treating physician report cited persistent constant severe right knee pain radiating to the thigh and shin with associated weakness. He reported clicking, popping and occasional giving way of his right knee. He was wearing a knee sleeve. Imaging in May 2014 showed both medial and lateral meniscus tears. Physical exam documented minimally antalgic gait with reciprocal heel toe pattern. Standing alignment showed moderate valgus bilaterally. Right knee exam documented no effusion, range of motion 8-124 degrees, minimal crepitus with slight clicking and popping, and negative McMurray's test. The diagnosis was minor medial and lateral meniscus tears plus probable synovitis. He had failed conservative treatment with persistent and worsening right knee symptoms. Authorization was requested for right knee diagnostic arthroscopy with possible arthrotomy right knee and post-op physical therapy two times a week for six weeks for the right knee. The 6/30/15 utilization review non-certified the requests for right knee diagnostic

arthroscopy with possible arthrotomy right knee and post-op physical therapy as there was no documentation of a formal imaging report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee right knee arthroscopy with possible arthrotomy right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 persistent and worsening right knee pain with clicking, popping and occasional giving way of his right knee. Clinical exam findings are consistent with imaging evidence of meniscal defect. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Post-op physical therapy two times a week for six weeks for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy 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 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.