

Case Number:	CM15-0196312		
Date Assigned:	10/09/2015	Date of Injury:	05/16/2000
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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: California, Oregon, Washington
 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 5-16-2000. The diagnosis is noted as left knee medial meniscus tear. In a progress report dated 8-27-15, the physician notes pending authorization for left knee surgery. Pain is rated at 6 out of 10 with complaint that the knee throbs. Objective exam notes pain, decreased range of motion, McMurray's is positive and the MRI shows left knee medial meniscus tear. (A progress report dated 6-22-15, notes the left knee giving out, fall down 10 steps) Work status is to remain off work until 10-15-15. The MRI -left knee dated 7-16-15 notes the impression as degeneration tear involving the inferior articular surface of the posterior horn of the medial meniscus, associated mild joint effusion. Previous treatment notes use of a knee brace, medication, and an MRI. A request for authorization is dated 9-3-15. The requested treatment of left knee arthroscopy and post-operative physical therapy 3 times a week for 8 weeks (left knee) was denied on 9-15-15.

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 Knee Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear-symptoms other than simply pain (locking, popping, giving way, recurrent effusion)." According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, the exam notes from 8/27/15 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition, there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the determination is for not medically necessary.

Post-op physical therapy 3 times a week for 8 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations, and Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, Meniscectomy section.

Decision rationale: CA MTUS/Post surgical guidelines, Knee, page 24, recommend 12 visits of therapy over 12-week period for postoperative patients after meniscectomy. This is performed over a 4-month period. In this case, the requested number of days exceeds the initial course of therapy. Therefore the request for additional visits exceeds the guidelines and the determination is for not medically necessary. Additionally, in this case, the requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.