

Case Number:	CM15-0021623		
Date Assigned:	02/11/2015	Date of Injury:	11/08/2014
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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 55 year old male with an industrial injury dated 11/08/2014 that resulted from a collapsed ladder and a 7 foot fall. His diagnoses include cervical radicular syndrome, lumbar radicular syndrome, and internal derangement of the right knee. Recent diagnostic testing has included a MRI of the right knee (12/17/2014) showing inferior surfacing complex degenerative tear in the body of the posterior horn of the medial meniscus, denudation of the articular cartilage in the anterior compartment of the knee, and likely hematoma extending along the deep fascia of the subcutaneous fat over the posterior aspect of the knee. Previous treatments have included conservative care, medications, chiropractic treatments, and physical therapy for the neck and back. In a progress note dated 12/30/2014, the treating physician reports no changes in knee symptoms, and temporary relief from physical therapy for the neck and low back. The objective examination revealed restricted range of motion in the cervical spine, restricted range of motion in the lumbar spine, and tenderness over the medial joint line of the right knee with full range of motion, positive McMurray's test, good stability, and no effusion. The treating physician is requesting right knee surgery, post-op physical therapy and crutches which were denied by the utilization review. On 01/28/2015, Utilization Review non-certified a request for outpatient right knee arthroscopic surgery with medial menisectomy, noting the absence of completed conservative physical therapy for the knee and/or diagnostic or therapeutic injections, and unclear diagnostic accuracy with regards to the degenerative torn meniscus being the primary pain generator. The ACOEM ODG Guidelines were cited. On 01/28/2015, Utilization Review non-certified a request for 12 post-operative physical therapy sessions for the right knee,

noting the non-certification of the surgical procedure for which this service was requested. The MTUS Guidelines were cited. On 01/28/2015, Utilization Review non-certified a request for purchase of one set of crutches for post-operative use, noting the non-certification of the surgical procedure for which this service was requested. The ODG Guidelines were cited. On 02/04/2015, the injured worker submitted an application for IMR for review of 12 post-operative physical therapy sessions for the right knee, outpatient right knee arthroscopic surgery with medial meniscectomy, and purchase of one set of crutches for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Operative physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344, 345.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Outpatient right knee arthroscopic surgery with medical meniscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg (Acute & Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344, 345.

Decision rationale: California MTUS guidelines indicate arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscal tear and symptoms other than simply pain such as locking, popping, giving way, and recurrent effusion and clear signs of a bucket handle tear on examination with tenderness over the suspected tear but not over the entire joint line and lack of full passive flexion. The injured worker sustained trauma to his leg resulting in a hematoma that went down to his ankle. The medical records document a compartment syndrome but no surgical releases were carried out. Compartment pressures were also not documented. X-rays of the lower leg did not show any fracture. An x-ray of the knee showed mild degenerative joint disease. The MRI scan of the knee showed a degenerative tear of the medial meniscus communicating with the inferior surface without displacement. This involved the body and posterior horn. Chondromalacia was also noted. The injured worker has no joint effusion and good range of motion and strength in the knee. And there is no instability. McMurray was positive. Documentation indicates that he has improved with physical therapy. The guidelines further state arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Furthermore, patients suspected of having meniscal tears but without progressive or severe activity limitation can be encouraged to live

with the symptoms to retain the protective effect of the meniscus. Based upon the absence of mechanical symptoms and the presence of osteoarthritis in the knee, the guidelines do not support the surgical request for arthroscopy and partial medial meniscectomy. As such, the medical necessity of the request is not substantiated.

Purchase of one set of crutches for post operative use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg (Acute & Chronic) chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344, 345.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.