

Case Number:	CM15-0023198		
Date Assigned:	02/12/2015	Date of Injury:	04/09/2013
Decision Date:	03/26/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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 40-year-old man sustained an industrial injury on 4/9/13. Injury occurred when the ladder he was using collapsed, and he fell approximately 12 feet into a trench. The impact caused immediate collapse of this right leg and knee. X-rays demonstrated a complex mildly depressed and displaced lateral tibial plateau fracture with small joint effusion. Records indicated that the injured worker's right knee gave way in July 2014, causing a fall and increased symptoms. Prior physical therapy was noted in 2013. The 10/6/14 orthopedic consult cited on-going right knee pain. Physical exam documented joint line tenderness with some degree of crepitation, range of motion 0-120 degrees, and equivocal McMurray's, particularly on the medial side. The 12/3/14 right knee MRI impression documented small right knee joint effusion, mild sprain of the anterior cruciate ligament, and a small focal area of probable bone marrow residual edema in the under surface of the lateral tibial plateau. There were diffuse increased signal changes in the anterior and posterior horns of the lateral meniscus, consistent with a tear. There was a small focal increased sign within the anterior and posterior horns of the medial meniscus, consistent with medial meniscus degeneration. The 1/7/15 orthopedic report cited worsening right knee pain with clicking and popping. MRI findings were reviewed and noted mild anterior cruciate ligament sprain, lateral meniscus tear, and possibly a medial meniscus tear. The treatment plan recommended arthroscopy with partial meniscectomy and debridement. The 1/27/15 treating physician cited constant grade 8/10 right knee pain. Right knee exam documented antalgic gait, range of motion 0-120 degrees, and exquisite tenderness over the medial meniscus. Authorizations for right knee surgery was pending per the orthopedic surgeon. On 1/28/15,

utilization review evaluated prescriptions for right knee arthroscopy, debridement, and partial medial/lateral meniscectomy and 12 physical therapy sessions. The UR physician noted that the worker has not completed a recent course of physical therapy with a focus on increasing the range of motion and strengthening or include appropriate findings on physical examination. Further, as the request for surgery is not certified, the request for post-operative physical therapy is not necessary. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, debridement, partial medial/lateral meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines- Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345-346. Decision based on Non-MTUS Citation 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 reasonably met. This patient presents with on-going right knee pain. There is intermittent documentation of mechanical symptoms, including popping, clicking, and giving way. Physical exam documented equivocal McMurray testing with medial tenderness and loss of range of motion. MRI revealed a torn lateral meniscus. Evidence of a reasonable non-operative treatment protocol trial and failure has been submitted regarding medications and restricted activities and therapy. Therefore, this request is medically necessary at this time.

12 physical therapy session: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 is medically necessary.