

Case Number:	CM14-0130934		
Date Assigned:	08/22/2014	Date of Injury:	01/13/2012
Decision Date:	09/24/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 33 year old male with a 1/13/12 injury date. No mechanism of injury is provided. He complained of right knee pain, swelling, and locking. In June 2012, he underwent right knee arthroscopic medical meniscus repair. He underwent post-op physical therapy after a delay, and did not seem to improve. In a recent follow-up on 7/18/14, he has subjective complaints of continued right knee pain and locking. He is not happy with the result. Objective findings include tenderness to the parapatellar area, normal but painful range of motion, and a positive Apley grind test. McMurray's sign was negative and there was no joint line tenderness and no effusion. MRI of the right knee on 3/20/12, done before his first arthroscopy, showed a tear of the posterior half of the medial meniscus. MRI of the right knee on 11/14/13, several months after his arthroscopic meniscus repair, showed a re-tear of the medial meniscus and cartilaginous injury. Diagnostic impression: right knee chondromalacia, right knee medial meniscus tear. Treatment to date: right knee arthroscopy with medial meniscus repair (6/2012), physical therapy, NSAIDs, work modifications. A UR decision on 7/28/14 denied the request for right knee arthroscopy, decompression, and chondroplasty on the basis that there was insufficient clinical evidence to support the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Knee Revision Arthroscopy, Decompression, Chondroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 340, 343 and 344. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter (Meniscectomy, Chondroplasty).

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. Furthermore, ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. In the present case, the patient has failed both prior conservative and surgical care. He had persistent mechanical symptoms prior to his first surgery, which was a meniscal repair. The repair failed, he continues to have mechanical symptoms with a poor result, and the proposal is to perform arthroscopic decompression, or partial meniscectomy. This has a high success rate for eliminating pain and mechanical symptoms when there is clear evidence of a meniscal tear, which is true in the case. Therefore, the request for One Right Knee Revision Arthroscopy, Decompression, and Chondroplasty is medically necessary.

Post Operative Physical Therapy Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS recommends 12 post-op physical therapy sessions over 12 weeks after arthroscopic meniscectomy. Therefore, the request for postoperative physical therapy sessions is medically necessary.

One Pair of Crutches: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg Chapter, Walking Aids.

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. Therefore, the request for one pair of crutches is medically necessary.

One Polar Care Unit Post Operative: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Thus, the polar care unit can be approved for 7 days post-op. Therefore, the request for one Polar care unit post-operative is medically necessary.