

Case Number:	CM14-0134243		
Date Assigned:	08/25/2014	Date of Injury:	05/28/2013
Decision Date:	12/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 Texas. 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:

The injured worker is a 60-year-old female with a reported date of injury on 05/28/2013. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with left knee torn medial and lateral menisci, grade 3 with chondromalacia of the left patella, and posterior medial horn tearing in the medial meniscus of the right knee with anterior and posterior horn tear of the lateral meniscus. The injured worker presented on 08/04/2014 with complaints of pain and swelling with locking, catching, and giving way of the bilateral knees. Previous conservative treatment is noted to include rest, bracing, physical therapy, and anti-inflammatory medication. Physical examination revealed ongoing swelling with medial and lateral joint line tenderness of the bilateral knees, tenderness with increased flexion beyond 70 degrees in the left knee and 90 degrees in the right knee, and positive McMurray's sign bilaterally. Treatment recommendations included operative arthroscopy with partial medial and lateral meniscectomies of the bilateral knees. A Request for Authorization form was then submitted on 08/07/2014. It is noted that the injured worker underwent an MRI of the right knee on 03/13/2014, which revealed evidence of an oblique tear in the posterior horn of the medial meniscus, linear signals in the anterior and posterior horn of the lateral meniscus, and possible grade 3 tears. The injured worker also underwent an MRI of the left knee on 03/13/2014, which revealed evidence of a grade 3 tear of the posterior horn of the medial meniscus, a grade 3 tear of the posterior horn of the lateral meniscus, and mild arthritic changes in the medial compartment of the knee joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic partial medial and lateral meniscectomies of both knees to be done at same setting: Upheld

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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and a failure of exercise programs. Arthroscopic partial meniscectomy has a high success rate for cases in which there is clear evidence of a meniscus tear with symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. Although it is noted that the injured worker has exhausted conservative treatment, and does have imaging evidence of a meniscus tear in the bilateral knees, California MTUS/ACOEM Practice Guidelines further state arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. The injured worker's MRI of the left knee revealed arthritic changes in the medial compartment of the knee joint. It is also not considered the standard of care to perform a bilateral knee arthroscopy in the same setting due to complications. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically appropriate.

Land post-operative (following pool therapy) physical therapy 2x6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Wheel walker x 4 weeks post-operative: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Wheelchair x 4 weeks post-operative: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Thermacooler 4 weeks rental post-operative: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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