

Case Number:	CM14-0142532		
Date Assigned:	09/18/2014	Date of Injury:	04/09/2014
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 44 year old male with a 4/9/14 injury date. The patient sustained a twisting injury of the right knee while tripping over a box. In a follow-up on 8/6/14, the patient's complaints are right knee pain, worse when walking, bending the knee, or pivoting. He denied catching, swelling, locking, or giving way. He has not had formal treatments such as physical therapy or injections. Objective findings included absence of effusion, mild medial joint line tenderness, positive McMurray's, and no ligamentous laxity. A right knee x-ray was reported at normal. A right knee MRI on 5/30/14 showed a horizontal cleavage tear of the body of the medial meniscus and mild chondromalacia of the inferior pole of the patella. Diagnostic impression: right knee medial meniscus tear. Treatment to date: NSAIDs. A UR decision on 8/14/14 denied the requests for right knee arthroscopy and partial medial meniscectomy vs. repair and post-op physical therapy. The rationale for the decision is not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy Partial Medial Meniscectomy Vs. Repair: Upheld

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

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.

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. In the present case, there are no subjective or objective signs of bucket handle tear such as swelling, catching or locking. Therefore, a trial of conservative care is recommended by the guidelines. However, there is no evidence that the patient has undergone physical therapy or cortisone injection. The medical necessity of the requested procedure is not yet established. Therefore, the request for Right Knee Arthroscopy Partial Medial Meniscectomy Vs. Repair is not medically necessary.

POST OP PT 2X6 FOR A TOTAL OF 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS allows 12 sessions of physical therapy over 12 weeks after meniscectomy of the knee. The current request for 12 sessions would be warranted if the surgical procedure was approved; however, the procedure cannot be certified at this time. Therefore, the request for Post Op Physical Therapy 2x6 #12 is not medically necessary.