MAXIMUS Federal Services

Case Number:	CM14-0143111		
Date Assigned:	09/10/2014	Date of Injury:	07/01/2014
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Physical Medicine & Rehabilitation 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 54-year-old male who reported an injury on 07/01/2014 due to slipping in the freezer and twisting his knee while at work. The diagnoses included unspecified derangement of medial meniscus and joint pain involving the lower leg. Objective findings dated 09/25/2014 to right knee included no swelling, no deformity noted, no effusion noted, skin intact without evidence of erythema, rash, or signs of infection. No tenderness to palpation. Range of motion with flexion at 130 degrees and extension 0, stable to varus and valgus stress, negative interior drawer, negative Lachman's, negative pivot shift, McMurray's test positive, flexion and extension was 5/5, sensation intact, vascular with foot warm. The knee had normal strength, stability, motion and inspection. The MRI of the right knee dated 04/24/2014 revealed limited peripheral tear to the medial meniscus and a small free edge radial tear at the junction of the body and posterior horn, sequelae of grade 1 MCL and posteromedial capsular sprain and no acute bony or cartilage injury. The injured worker has had 12 visits of physical therapy and 7 days of cold unit rental. No medications noted and no VAS provided. The treatment plan is for right knee AR with meniscal repair. The Request for Authorization dated 07/16/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee AR with meniscal repair: Upheld

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

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)

Decision rationale: The California MTUS/ACEOM guidelines do not recommended arthroscopies for arthritis in the absence of meniscal findings, or in older patients with degenerative tears until after a trial of PT and exercise. One study concludes the long term outcome for meniscal injury and surgery appears to be determined largely by the type of meniscal tear, and that a partial meniscectomy may have better long term results than a subtotal meniscectomy for the degenerative tear. The ACEOM guidelines criteria should include at least two findings. Conservative care, exercise, physical therapy; subjective findings at joint pain or swelling or feeling of giving way or locking, clicking, or popping; objective clinical findings should be positive McMurray's sign or joint line tenderness or effusion or limited range of motion; imaging clinical findings not required for the locked, blocked knee, meniscal tear on MRI. The MRI dated 07/27/2014 revealed a limited peripheral tear to the medial meniscus. The examination of the right knee revealed a positive McMurray's, however strength was noted at 5/5 and the inspection was without tenderness or swelling. The documentation stated that injured worker only received two sessions of physical therapy. The physical therapy notes stated that the injured worker tolerated the treatment activity without complaints of pain or difficulty and was recommended to continue therapy. As such, the request is not medically necessary.

Post-op Physical Therapy: 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.