

Case Number:	CM14-0147452		
Date Assigned:	09/15/2014	Date of Injury:	01/23/2012
Decision Date:	10/07/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 Orthopaedic 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 61-year-old female sustained an industrial injury on 1/23/12. Past medical history was positive for obesity, peptic ulcer disease, renal disease, and myocardial infarction. The treating physician reports indicated that the patient had chronic left medial and lateral meniscal tears with degenerative joint disease of both knees. Exams documented slight effusion and swelling, positive McMurray's test, limited knee flexion, crepitus bilaterally, and ligamentous stability. The 6/13/14 orthopedic report cited persistent severe left knee pain and stiffness. Physical exam documented range of motion 0-105 degrees with crepitation and medial joint line tenderness. The patient had undergone 3 Euflexxa injections to the left knee with minimal improvement. Left knee x-rays documented degenerative joint disease. The 6/18/14 progress report cited continue pain and swelling. Physical exam documented range of motion 0-100 degrees with crepitation and effusion. The 8/12/14 utilization review denied the request for right knee medial meniscectomy and associated post-operative physical therapy as clinical findings suggested that the knee pain was of arthritic origin rather than due to meniscal pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee medial meniscectomy: Overturned

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, 347.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. Guideline criteria have been met for a left knee medial meniscectomy. The patient presents with persistent and severe left knee pain with swelling that is consistent with the exam findings for meniscal pathology (loss of range of motion, crepitus, medial joint line tenderness, and effusion). There is reported knee degenerative joint disease but viscosupplementation has not provided relief. Reasonable long-term conservative treatment has failed. NOTE: The initial utilization review request that was reviewed and current appeal is listed as pertaining to the right knee, however records clearly indicate that left knee medial meniscectomy is indicated (despite the appeal listing right). Therefore, the request for left knee medial meniscectomy is medically necessary.

Post-op physical therapy to the right knee 2x6, QTY: 16: Upheld

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

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. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for 16 visits which exceeds both the initial and general course of treatment recommendations. There is no compelling reason to support the medical necessity of treatment beyond the post-surgical recommendations at this time. Therefore, this request is not medically necessary.