

Case Number:	CM13-0000987		
Date Assigned:	02/26/2014	Date of Injury:	04/12/2013
Decision Date:	06/11/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/05/2013

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:

The patient is a 71 year old female who was injured on 04/12/2013 while at work. She came down stairs and her knee popped. A week later her knee popped again and it swelled. Diagnostic studies include x-rays of the left knee, three views, dated 05/02/2013 revealing joint effusion and enthesopathy anterior superior aspect of the patella. MRI of the left knee dated 05/17/2013 with the following impression: Likely partial tear of the anterior cruciate ligament; Horizontal cleavage tear through the medial meniscus; Mild medial joint space loss; and Joint effusion PR-2 dated 04/15/2013 documented the patient to have complaints of knee injury. Objective findings on exam included examination of the left knee with mild medial/anterior edema. No echymosis, moderate to large effusion, tenderness over the medial knee at MCL and at medial joint line, flexion to 45 degrees limited by pain. No joint laxity or pain with valgus and varus maneuvers, positive for popping/crepitus with flexion/extension, positive McMurray's test and negative anterior drawer test. PR-2 dated 04/29/2013 documented chief complaint of knee injury. Objective findings on exam included examination of the left knee showed no edema, echymosis, erythema. There was 1+ effusion and 1+ tenderness over the medial anterior joint line, from, no joint laxity or pain with valgus and varus maneuvers, positive for popping/crepitus with flexion/extension, positive McMurray's test and negative anterior drawer test. PR-2 dated 05/02/2013 documented chief complaint of knee injury. Left knee examination revealed mild edema, no echymosis, and erythema. 3+ effusion and 1_ tenderness over anterior knee, from, no joint laxity or pain with valgus and varus maneuvers, positive for popping/crepitus with flexion/extension, McMurrays test today somewhat limited by large effusion and negative anterior drawer test. PR-2 dated 05/20/2013 documented chief complaint of knee injury. Objective findings on examination of left knee revealed hinged brace in place with no further exam. PR-2 dated 06/12/2013 reveals examination of the leg shows moderate atrophy in the

quad. Examination of the knee shows 0-135 degrees. The patient has trace Lachman test, negative drawer test and negative pivot shift. She has point tenderness in the medial meniscus. McMurray maneuver causes pain. She has no laxity stressing the knee to varus or valgus stressing when the knee is fully extended. Distal neurovascular exam is intact. Diagnoses are medial meniscus tear and mild anterior cruciate ligament sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHROSCOPY, PARTIAL MEDIAL MENISECTOMY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334.

Decision rationale: According to the MTUS/ACOEM Guidelines, meniscectomy is recommended after failure of conservative care, the presence of at least two subjective clinical findings, at least two objective clinical findings, and positive imaging findings. In this case, the patient has had conservative care with medications, knee brace, and work restrictions including eventually being taken off work. It is acknowledged that an MRI of the left knee showed findings of a medial meniscal tear, and the medical records establish the necessity of surgical intervention at this time. The request for Arthroscopy, partial medial meniscectomy is medically necessary and appropriate.

PRE-OPERATIVE LABWORK: CBC, UA, EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK, PREOPERATIVE TESTING, GENERAL.

Decision rationale: According to the Official Disability Guidelines, regarding Preoperative testing, states, "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings." As outlined above, the medical records establish the patient meets the criteria to substantiate medical necessity for the proposed surgical intervention. As such, the requests for pre-operative lab work: CBC, UA, and EKG, is medically necessary and appropriate.

