

Case Number:	CM13-0030164		
Date Assigned:	11/27/2013	Date of Injury:	06/16/2010
Decision Date:	02/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 claimant is a 49-year-old gentleman who injured his right knee in a work related accident on June 16, 2010. Records for review include a recent orthopedic assessment of August 27, 2013 with the requesting physician, where he was noted to be presenting for reevaluation of his right knee. He describes increased pain over the past eight months and failure of conservative care including recent injections. He stated at that time that the claimant had undergone two prior surgeries of the knee with "no significant benefit" and currently had a physical examination with 0 to 90 degrees range of motion, medial joint line tenderness, and pain with hyperextension and/or rising from a seated position. Surgical arthroscopy with a manipulation under anesthesia and postoperative physical therapy was recommended at that time. There was also the request for post-operative use of a cryotherapy unit. Further review of the claimant's clinical records indicate two prior arthroscopic procedures, the first being in 2008, where he was noted to be with medial meniscal tearing, and the second a revision procedure in roughly 2011. The findings from the second procedure are unclear. Post-operative imaging for review includes documentation of an MRI report of the right knee from May 28, 2013 that shows no significant interval change from the prior MRI of August 9, 2012, with blunting of the medial meniscus consistent with prior surgery and no meniscal tearing noted. Findings included no ligamentous injury but mild chondral thinning to the medial and lateral compartments.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Right Knee Meniscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical Considerations - Knee Complaints; PP. 343-345; and on the ODG, 18th edition, 2013. Knee chapter; Indications for Surgery - Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 344-345.

Decision rationale: Based on California ACOEM Guidelines, the role of surgical meniscectomy to the knee would not be indicated. The claimant has had two prior meniscectomy procedures to the right knee. The current MRI scan available for review shows blunting of the meniscus consistent with prior arthroscopic procedure, with no evidence of re-tearing. Given the claimant's lack of imaging findings, the role of a third operative arthroscopy to the claimant's right knee at this stage in the clinical course of care would not be indicated. California ACOEM Guidelines only indicate the role of surgical arthroscopy in situations where there is clear understanding of meniscal pathology on imaging with concordant findings on examination. Since the primary procedure is not medically necessary, the requests for associated services - Post-operative physical therapy and the Purchase of a Polar Care cryotherapy device - are not medically necessary.

Manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; knee chapter; Manipulation under anesthesia (MUA)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: knee procedure - Manipulation under anesthesia (MUA)

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, manipulation under anesthesia would not be supported. Official Disability Guidelines indicate that manipulation under anesthesia is under study for the treatment of arthrofibrosis. It is typically reserved for claimants who have failed to achieve 90 degrees of flexion following a post-operative period of physical activity for six weeks. The records in this case do not indicate motion of less than 90 degrees, and they indicate no recent surgery to document the need for the role of the procedure in question. The specific request in this case would not meet clinical Guidelines.