

Case Number:	CM13-0039845		
Date Assigned:	12/20/2013	Date of Injury:	08/03/2005
Decision Date:	04/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pennsylvania. 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 57-year-old gentleman who sustained an injury to his left knee in a work-related accident on August 3, 2005. Clinical records reviewed indicated the claimant has had significant prior surgical processes that occurred on three occasions, one was a proximal tibial osteotomy. The claimant is documented to have a diagnosis of advanced arthritis and has tried multiple modalities including viscosupplementation injection therapy, medication management, and bracing. Recent radiographs in August 2013 showed hardware in the proximal medial left tibia with moderate medial compartment narrowing. Physical examination from the last clinical assessment by [REDACTED] noted that the claimant had continued complaints of pain about the knee with limited range of motion from 0 to 120 degrees, trace effusion and tenderness over the lateral joint line. Working diagnosis at that date was "left knee osteoarthritis with medial compartment changes." Surgical intervention for arthroscopy, meniscectomy, and debridement with hardware removal was recommended for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

left knee arthroscopy, meniscectomy, debridement, and hardware removal from previous osteotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Knee and Leg Chapter (Acute&Chronic) - Loose body removal surgery (arthroscopy), Meniscectomy, and Hardware Removal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure - Hardware Implant Removal (fracture fixation).

Decision rationale: Based on California ACOEM 2004 Guidelines, left knee arthroscopy, meniscectomy, debridement, and hardware removal cannot be recommended as medically necessary. The clinical records for review do not indicate loose or malfunctioning hardware in this claimant with advanced degenerative change in the medial compartment. Meniscectomy is of unproven value in the setting of advanced degenerative change per ACOEM Guideline criteria. Furthermore, the diagnosis of an acute meniscal tear is not confirmed by clinical imaging. The specific request in this case would not be supported.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 17th edition, 2012 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 17th edition, 2012 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Based upon the CA MTUS ACOEM 2004 Guidelines, the proposed left knee arthroscopy, meniscectomy, debridement, and hardware removal cannot be recommended as medically necessary. Therefore, the request for crutches postoperatively would not be medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Preoperative lab testing.

Decision rationale: Based upon the CA MTUS ACOEM 2004 Guidelines, left knee arthroscopy, meniscectomy, debridement, and hardware removal cannot be recommended as medically

necessary. Therefore, the request for preoperative lab work in preparation for surgery would not be recommended.

Pre-op (CBC, BMP, PT, PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Preoperative lab testing.

Decision rationale: Based upon the CA MTUS ACOEM 2004 Guidelines, left knee arthroscopy, meniscectomy, debridement, and hardware removal cannot be recommended as medically necessary. Therefore, the request for preoperative lab work in preparation for surgery would not be recommended.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure: Preoperative electrocardiogram (ECG).

Decision rationale: Based upon the CA MTUS ACOEM 2004 Guidelines, left knee arthroscopy, meniscectomy, debridement, and hardware removal cannot be recommended as medically necessary. Therefore, the request for preoperative EKG in preparation for surgery would not be recommended.

Unknown post-op physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based upon the CA MTUS ACOEM 2004 Guidelines, left knee arthroscopy, meniscectomy, debridement, and hardware removal cannot be recommended as

medically necessary. Therefore, the request for an unknown amount of postoperative physical therapy would not be recommended.