

Case Number:	CM14-0013967		
Date Assigned:	02/26/2014	Date of Injury:	08/31/2013
Decision Date:	07/30/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 51-year-old male who has submitted a claim for right knee meniscus tear associated with an industrial injury date of 08/31/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent pain at the right knee, right lower leg, and right foot, associated with locking / catching, stiffness, weakness, and instability. The patient ambulated using a cane. Physical examination of the right knee showed mild effusion, tenderness, and negative apprehension test. Lachman's test, anterior drawer test, and McMurray's test were positive. Right knee flexion was measured at 100 degrees with presence of pain. Crepitation was not evident. Motor testing and neurovascular exam were unremarkable. X-ray of the right knee, undated, showed maintenance of medial and lateral joint spaces, without fractures, dislocations, or destructive lesions noted. MRI of the right knee, dated 09/30/2013, demonstrated intense marrow edema affecting the lateral femoral condyle with curvilinear subchondral sclerosis and articular surface depression over 2.2 cm area consistent with sequela of previous insufficiency fracture versus impaction injury. SONK would be a secondary consideration. Amorphous appearance of proximal ACL fibers with adjacent marrow edema affecting the tibial spine distally which may be reactive or contusional in nature. Sequela of mucoid degeneration versus partial thickness tear considered moderate grade involvement. The bulk of the anterior fibers remain taut and intact. Subtle degenerative fraying of the inner free edge of the posterior horn of the lateral meniscus as well as degenerative signal along the inner edge of the posterior of the medial meniscus which may be followed for stability. Treatment to date has included ankle fracture repair in 2008, right knee cortisone injection, and medications such as Diclofenac, Venlafaxine, Levetiracetam, Norco and Nortriptyline. Utilization review from 01/10/2014 denied the requests for right knee arthroscopy with synovectomy, chondroplasty, medial and lateral meniscectomy and ACL reconstruction, 7-14

day rental of post-op cold therapy unit for the right knee, and 12 post operation physical therapy visits for the right knee because patient had not tried physical therapy, hence, surgery was not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

7-14 DAY RENTAL OF POST-OP COLD THERAPY UNIT FOR THE RIGHT KNEE:

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.

RIGHT KNEE ARTHROSCOPY WITH SYNOVECTOMY, CHONDROPLASTY, MEDIAL AND LATERAL MEINISECTOMY AND ACL RECONSTRUCTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Meniscectomy.

Decision rationale: Page 344 of California MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, failure of conservative care is an indication for knee surgery as stated in ODG. In this case, patient complained of right knee pain associated with locking / catching, stiffness, weakness, and instability. Physical examination showed mild effusion, tenderness, positive Lachman's test, positive anterior drawer test, and positive McMurray's test. Right knee flexion was measured at 100 degrees. MRI of the right knee, dated 09/30/2013, demonstrated subchondral sclerosis, amorphous appearance of proximal ACL fibers which may be sequela of mucoid degeneration versus partial thickness tear considered moderate grade involvement. The bulk of the anterior fibers remained taut and intact. There was subtle degenerative fraying of the inner free edge of the posterior horn of both medial and lateral meniscus. A progress report from 03/04/14 cited that right knee arthroscopy was approved by worker's compensation and patient was scheduled to undergo repeat MRI on 03/14/2014. However, the latest MRI finding was not made available for review. Moreover, there was no evidence that patient attended or completed physical therapy as medication management and cortisone injection were only documented. Guideline criterion of failure in conservative care was not met. The medical necessity was not established due to insufficient information.

Therefore, the request for right knee arthroscopy with synovectomy, chondroplasty, medial and lateral meniscectomy and ACL reconstruction is not medically necessary.

12 POST OPERATION PHYSICAL THERAPY VISITS FOR THE RIGHT KNEE:

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.