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| Case Number: | CM14-0017675 | | |
| Date Assigned: | 04/16/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 06/03/2014 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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 59-year-old male landscape worker sustained an industrial injury on 6/3/13 when he fell forward onto his anterior knees while cutting grass. He developed progressive anterior knee pain, right significantly worse than left. The 9/9/13 right knee MRI documented tri-compartmental osteoarthritic changes and findings consistent with intrasubstance degeneration, posterior horn of the medial meniscus. The 9/9/13 left knee MRI indicated osteoarthritic changes and findings most consistent with intrasubstance degeneration, anterior horn of the lateral meniscus. There was bone marrow edema and synovial versus likely ganglion cyst posterior aspect of the femur. The radiologist indicated that meniscal tears could not entirely be excluded and recommended MR arthrogram of both knees. The 10/8/13 primary treating physician report indicated that the patient had completed 13 visits of physical therapy with significant functional improvement and decreased pain, but pain and swelling persisted with increased activities. The 1/14/14 orthopedic report cited bilateral knee pain, right greater than left. Pain was severe. The patient was status post steroid injection bilaterally which did not help. The patient was using a brace and had difficulty walking. Objective findings documented severely antalgic gait, unable to apply weight without experiencing pain, severe patellofemoral joint and medial compartment tenderness, medial tibial plateau tenderness, medial joint space tenderness, palpable crepitus, strongly positive McMurray's, range of motion 5 to 95 degrees, and negative instability signs. The diagnosis was severe right knee pain secondary to traumatic arthropathy and medial meniscus tear recalcitrant to conservative treatment, and mild left knee pain. Conservative treatment was reported to include two steroid injections, 6 weeks of anti-inflammatory medication, hinged knee brace, and activity modification. The treatment plan recommended right knee arthroscopy with partial medial meniscectomy and chondroplasty at the patellofemoral joint. The 2/5/14 utilization review recommended denied based on an absence of documented failure of conservative

treatment. In the 4/1/14 appeal letter, the treating physician stated that the patient was not being treated for osteoarthritis. He had a medial meniscus tear, documented on MRI, and traumatic arthropathy of the patella due to falling on the anterior aspect of the knee. Trauma arthropathy of the patella is not degenerative osteoarthritis. The patient had failed conservative treatment including anti-inflammatory medication, activity modification, bracing, and physical therapy. Surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT KNEE ARTHROSCOPY AND CHONDROPLASTY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - TREATMENT IN WORKERS' COMPENSATION: ODG TREATMENT, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, KNEE & LEG (ACUTE & CHRONIC) UPDATED 1/20/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)) KNEE AND LEG, CHONDROPLASTY, MENISCECTOMY.

Decision rationale: Under consideration is a request for right knee arthroscopy and chondroplasty. The California MTUS guidelines do not provide recommendations for knee surgery in chronic conditions. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Criteria for meniscectomy or meniscus repair include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. Subjective and objective clinical exam findings have been documented consistent with imaging findings of a meniscal tear and arthropathy. There is documentation that comprehensive pharmacologic and non-pharmacologic conservative non-operative treatment has been tried and failed. Therefore, this request for right knee arthroscopy and chondroplasty is medically necessary.

MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation institute for clinical systems improvement (ICSI). Preoperative evaluation.

Decision rationale: Under consideration is a request for pre-operative medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. The patient is a 59 year-old male smoker undergoing general anesthesia. Therefore, this request for pre-operative medical clearance is medically necessary.