

Case Number:	CM14-0110172		
Date Assigned:	08/01/2014	Date of Injury:	05/23/2012
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 claimant is a 61-year-old male who sustained a vocational injury on May 23, 2012, when he was struck by a truck. The records available for review document a working diagnosis of degenerative joint disease and lateral meniscus tear of the right knee. The records contain a July 10, 2014, letter that describes continued complaints of sharp and catching pain, with occasional episodes of joint locking. The records note that the claimant walks with a limp and has pain with kneeling and squatting. Joint line tenderness was noted on palpation. Range of motion was from 0 to 120 degrees. Plain film radiographs of the bilateral knees taken on August 6, 2012, showed mild to moderate left medial and mild to moderate right lateral tibial femoral degeneration. A July 16, 2012, MRI scan of the right knee showed fissuring of the articular cartilage of the medial joint compartment. Marginal osteophytes, complex tear of the mid-body, anterior and posterior horns of the lateral meniscus were noted, as was peripheral extrusion of meniscal tissue and central displacement of meniscal tissue. The scan also showed the following: complete loss of articular cartilage measuring 2.9 centimeters in diameter; extensive subchondral edema; marginal osteophytes and fissuring of articular cartilage and non-weight-bearing surface of the medial and lateral femoral condyles; and a 3 millimeter popliteal cyst. Conservative treatment has included anti-inflammatory medications, formal physical therapy, ice, intra-articular cortisone injection, a home exercise program, and rest. This request is for the following: an arthroscopic partial lateral meniscectomy and chondroplasty and debridement of the right knee; preoperative history and physical; preoperative EKG; 10 sessions of post-operative physical therapy; preoperative laboratory testing; the use of a cold therapy unit post-operatively; and the use of crutches post-operatively.

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

Arthroscopic partial lateral meniscectomy and chondroplasty and debridement of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: California MTUS ACOEM Guidelines would support the medical necessity of right knee arthroscopic partial lateral meniscectomy, chondroplasty debridement in this claimant. An MRI scan showed both lateral and medial meniscal tears with some underlying degenerative change. While ACOEM Guidelines urge caution in proceeding with this surgical process in claimants who are older than 35 and have underlying degenerative change, this claimant's has continued to report subjective mechanical complaints and physical examination findings consistent with probable meniscal pathology, greater laterally than medially. Finally, the records note that that claimant has attempted, failed and exhausted a reasonable course of conservative treatment. Given these factors, this request would be established as medically necessary.

Pre-op physical: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127. - Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: California MTUS ACOEM Guidelines would support the medical necessity of preoperative clearance for this claimant. Given that the claimant is 61 years of age and certified to undergo a procedure typically requiring general anesthesia, ACOEM guidelines would provide for a preoperative medical history and physical examination to identify any comorbidities or problems that would increase the claimant's overall risk of adverse effect from the anesthesia or surgery. Therefore, this request would be established as medically indicated.

Pre-op EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvements.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: California MTUS ACOEM Guidelines would support the medical necessity of a preoperative EKG. This claimant is 61 years of age and certified to undergo a procedure typically requiring general anesthesia. ACOEM Guidelines provide for an EKG as part of a preoperative medical clearance process to identify co-morbidities that would increase the risk of adverse event due to surgery or anesthesia. Therefore, this request would also be established as medically indicated.

Post-op physical therapy visits, #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: California MTUS Post-Surgical Guidelines would support 10 sessions of post-operative physical therapy. In this case, the medical necessity of the requested surgery has been established. Post-Surgical Guidelines recommend up to 12 sessions of physical therapy over a 12-week period for up to six months post-operatively. The request for 10 visits would fall within the Post-Surgical Guidelines and, therefore, would be medically indicated.

Pre-op labs: Overturned

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

Pre-op labs: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: California MTUS ACOEM Guidelines would support the medical necessity of preoperative laboratory testing. This claimant is 61 years of age and certified to undergo a procedure typically requiring general anesthesia. Guidelines criteria provide for laboratory testing as part of a preoperative medical clearance process to identify co-morbidities or active medical conditions that would increase the risk of adverse event due to surgery or anesthesia. Therefore, this request would also be established as medically indicated.

Pre-op labs: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

Decision rationale: California MTUS ACOEM Guidelines would support the medical necessity of preoperative laboratory testing. This claimant is 61 years of age and certified to undergo a procedure typically requiring general anesthesia. Guidelines criteria provide for laboratory testing as part of a preoperative medical clearance process to identify co-morbidities or active medical conditions that would increase the risk of adverse event due to surgery or anesthesia. Therefore, this request would also be established as medically indicated.

Post-op cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 13 Knee Complaints and on the Official Disability Guidelines (ODG); Knee & Leg chapter Continuous-Flow Cryotherapy.

Decision rationale: California ACOEM Guidelines supported by the Official Disability Guidelines would not support the use of a cold therapy unit post-operatively. While ACOEM Guidelines support the use of cold packs for pain control, the Official Disability Guidelines only recommend the use of a continuous flow cryotherapy unit for up to seven days post-operatively. However, The Official Disability Guidelines do not support the use of cold therapy units that also have an element of compression. The reviewed documents in this case do not specify the proposed duration of treatment with the cold therapy unit or whether the unit would also provide compression. Absent these details, this request cannot be supported as medically necessary.

Post-op crutches: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG); Knee & Leg Chapter Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: California MTUS AND ACOEM Guidelines do not address this request. The Official Disability Guidelines would support the post-operative use of crutches. In this case, the medical necessity of a knee arthroscopy with lateral meniscectomy has been established. Post-operatively, it would be reasonable for the claimant to use crutches to assist with ambulation and contribute to safety and comfort. For this reason, the request is medically necessary.

