

Case Number:	CM14-0112685		
Date Assigned:	08/01/2014	Date of Injury:	08/14/2007
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 64-year-old male energy technician sustained an industrial injury on 8/14/07. Injury occurred from repetitive bending, stooping, and crawling under houses. The patient underwent right knee surgery on 12/7/07. The operative report noted the patient had a medial meniscus tear with significantly advanced arthritis including grade III-IV chondromalacia of the medial femoral condyle occupying 60% of the weight bearing surface. The 2/21/14 treating physician report indicated the patient presented with progressive bilateral knee pain over the prior 2 to 3 months, left worse than right. Right knee exam documented range of motion 0-120 degrees, medial joint line tenderness, and negative orthopedic testing. The 4/7/14 right knee MRI impression documented suspected re-torn medial meniscus, severe medial compartment chondromalacia, mild lateral and patellofemoral compartment chondromalacia, moderate tri-compartmental osteoarthritis, and small joint effusion. There was extensive degenerative signal visualized in the entire medial meniscus which may represent post-surgical changes. A re-torn meniscus was suspected given the extensive appearance of the signal abnormalities. The 5/30/14 treating physician report cited recurrent right knee pain and swelling. Right knee physical exam findings documented range of motion 0-125 degrees, medial joint line tenderness, negative medial McMurray's, no varus or valgus instability, and negative Lachman's. The diagnosis was status post bilateral knee arthroscopy with partial meniscectomy and bilateral knee early degenerative changes. The patient was on regular duty work. The treatment plan indicated surgical authorization was pending. The 6/20/14 utilization review denied the right knee arthroscopy and associated requests as there was no documentation of comprehensive conservative treatment, no documented mechanical symptoms, and there was extensive degenerative changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, partial medial meniscectomy versus repair, synovectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (<http://www.odg-twc.com/odgtwc/knee.htm#meniscectomy>).

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

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive guideline-recommended conservative treatment had been tried and failed. There is no documentation of symptoms other than pain. Therefore, this request for right knee arthroscopy, partial medial meniscectomy versus repair, and synovectomy is not medically necessary.

Postoperative physical therapy, QTY: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: As the request for right knee arthroscopy is not medically necessary, the associated request for 8 sessions of post-operative physical therapy is also not medically necessary.

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine and Washington Manual of Medical Therapeutics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the request for right knee arthroscopy is not medically necessary, the associated request for pre-operative medical clearance is also not medically necessary.

Postoperative cold 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 (ODG), (<http://www.odg-twc.com/odgtwc/knee.htm>).

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, Continuous flow cryotherapy.

Decision rationale: As the request for right knee arthroscopy is not medically necessary, the associated request for post-operative cold unit is also not medically necessary.