

Case Number:	CM14-0112894		
Date Assigned:	08/01/2014	Date of Injury:	08/30/2013
Decision Date:	09/10/2014	UR Denial Date:	07/07/2014
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 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:

This 62-year-old female sales associate sustained an industrial injury on 8/30/13. Injury occurred when she tripped and fell onto her left knee. Initial conservative treatment included bracing, ice, activity modification, and anti-inflammatories. Allergy to cortisone was noted. The 10/9/13 left knee MRI impression documented severe articular cartilage loss of the medial compartment. The root of the posterior horn of the medial meniscus was small in size and compatible with a partial superior articular surface tear. There was a small linear focus of increased intensity in the medial meniscus which extended into the inferior articular cartilage, compatible with a tear. There was medial subluxation of the medial meniscus. The 11/18/13 orthopedic report cited left knee pain with popping and swelling. Pain increased with cold weather, flexion and extension, standing and walking, ascending/descending stairs, and rising from a seated position. She was unable to bend, stoop, squat or kneel. Physical exam documented markedly antalgic gait. Range of motion was 5-115 degrees with pain at the end of range, but no instability was noted. Lachman's and McMurray's were negative. There was medial joint line tenderness. However, there was no retropatellar crepitus or pain. Surgery was recommended to include arthroscopic medial meniscectomy. The 6/13/14 treating physician report cited left knee pain with positive MRI findings of a torn meniscus. The patient had undergone 12 visits of physical therapy without benefit and surgery was again recommended. The 7/7/14 utilization review denied the left knee arthroscopy with medial meniscectomy and associated requests as there was no acute meniscal tear or instability and clinical exam findings did not meet guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy with medical meniscetomy: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-34.

Decision rationale: The California MTUS guidelines state that, "Arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. However, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that 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." Guidelines criteria have been met. Subjective and objective clinical exam findings are consistent with meniscal pathology noted on imaging. The patient has failed 10 months of guideline- recommended conservative treatment and a cortisone injection has not been made available, due to allergies. Therefore, this request for left knee arthroscopy with medial meniscectomy is medically necessary.

Labwork: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that most laboratory tests are not necessary for routine procedures unless a specific indication is present. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type of invasiveness of the planned procedure. Guideline criteria have not been met. Although basic

lab testing is typically supported for patients undergoing general anesthesia, the medical necessity of a non-specific request cannot be established. Therefore, this request for unspecified labwork is not medically necessary.

Crutches -Pair: 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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 383-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS guidelines support the use of crutches for partial weight bearing for patients with knee complaints. The Official Disability Guidelines states, "That disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility." Therefore, this request for one pair of crutches is considered medically necessary.