

Case Number:	CM14-0127065		
Date Assigned:	09/23/2014	Date of Injury:	12/18/2013
Decision Date:	10/22/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 49-year-old male business systems specialist sustained an industrial injury on 12/18/13. Injury occurred when he was walking in the yard, slipped on a grease covered grate, fell and hit his right knee. The patient reported his knee twisted and buckled as he fell to the ground. Past surgical history was positive for open medial collateral ligament repair surgery in 2000 with full functional recovery, and a gastric bypass surgery. Family history was positive for heart arrhythmia in his mother and sister. The 12/18/13 right knee x-ray report documented osteoarthritis and a loose body in the joint. The 1/17/14 right knee MRI impression documented thinning of the posterior horn of the medial meniscus with a complex multicystic structure seen adjacent to the posterior medial meniscal root insertion (3.4 x 1.7 x 1.6 cm). These findings may be related to previous meniscal pathology or surgery. There was no definite meniscal tear identified. There was a grade 1 sprain of the lateral collateral ligament (LCL) at its insertion onto the lateral femoral condyle, with no tear. There were degenerative changes of the patellofemoral compartment. Conservative treatment included bracing, activity modification, medications, and home exercise. The 7/21/14 initial orthopedic report cited constant aching localized right knee pain with popping and swelling. He was not able to bend, stoop, or squat. Pain was aggravated by prolonged standing and walking, and full knee extension. Weakness in the knee caused him to lose his balance on one occasion. He walked with an uneven gait using a cane. Right knee exam documented 1+ effusion and synovitis, medial and lateral joint line tenderness, and range of motion -5 to 100 degrees with crepitus. McMurray's test was positive. There was varus laxity. Right knee x-rays showed 15% narrowing medially, moderate tibial spine spurring, and mild lateral patellofemoral tilt. MRI findings were reported with posterior LCL strain, parameniscal cyst posterior to the posterior horn of the medial meniscus with a possible tear, multiloculated cyst posterior to the medial meniscus tear, no extrusion, some deep medial and posterior cruciate

ligament (PCL) strain, and anterior cruciate ligament edema. The right knee injury was consistent with medial meniscus tear, patellofemoral syndrome, and LCL/PCL injury. Authorization was requested for right knee arthroscopy, meniscal surgery and LCL evaluation. The 7/30/14 utilization review denied the right knee surgery and associated requests as there was no imaging evidence of a meniscal tear or documentation that the patient had trialed all possible non-operative care prior to proceeding with this surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy, Meniscus Repair And Patellofemoral Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopedic Surgeons ,Vol 21 no. 4 ,page 204-216, April 2013 ,Meniscal Repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy

Decision rationale: The California MTUS 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, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy 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. This patient presents with subjective and clinical exam findings consistent with a meniscal tear and supported by imaging findings of meniscal pathology. Evidence of over 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Significant functional impairment is documented. Therefore, this request is medically necessary.

Pre-Op Medical Clearance/Labs To Include Cbc, Cmp, Pt, Ptt And Ua/Ekg/Chest X-Ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopedic Surgeons ,Vol 21 no. 4 ,page 204-216, April 2013 ,Meniscal Repair

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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; ACR Appropriateness Criteria® routine

admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

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 and invasiveness of the planned procedure. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination. Guidelines state that an EKG may be indicated for patients with known cardiovascular risk factors or for patients with risk factors identified in the course of a pre-anesthesia evaluation. Guideline criteria have been met. Middle-aged men who are markedly overweight have known occult increased cardiovascular and cardiopulmonary risk factors. Family history is positive for cardiac arrhythmia. Given these clinical indications and the risks of anesthesia, this request is medically necessary

Post-Op Physical Therapy (Right Knee): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopedic Surgeons ,Vol 21 no. 4 ,page 204-216, April 2013 ,Meniscal Repair

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.

Knee Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopedic Surgeons ,Vol 21 no. 4 ,page 204-216, April 2013 ,Meniscal Repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee braces

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although benefits may be more emotional (i.e., increasing the patient's confidence) than medical. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have been met. There is current evidence of knee instability and the patient is undergoing meniscal surgery. Therefore, this request is medically necessary.