MAXIMUS Federal Services

Case Number:	CM14-0171426		
Date Assigned:	10/23/2014	Date of Injury:	11/01/2011
Decision Date:	11/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/16/2014

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 Montana. 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 injured worker is a 53 years old female who sustained a right knee industrial injury on 11/1/2011 under unstated circumstances. She has persistent right knee pain despite conservative treatment with medications, activity modification, and icing. On clinical examination on 9/25/14, she had patellofemoral crepitus on range of motion, medial jointline tenderness, positive McMurray, trace effusion, positive grind and positive apprehension tests. A magnetic resonance imaging (MRI) of the right knee on 8/23/14 demonstrated grade IV chondromalacia patella and degenerative changes of the medial and lateral menisci. A right knee diagnostic/operative arthoscopic menisectomy vs. repair possible debridement or chondroplasty has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee diagnostic/operative arthoscopic menisectomy vs. repair possible debridement or chondroplasty: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Menisectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Knee and Leg, diagnostic arthroscopy Official Disability Guidelines (ODG) Knee and Leg, arthroscopic chondroplasty

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address arthroscopic procedures of the knee. The American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address diagnostic arthroscopy of the knee. The Official Disability Guidelines (ODG) state:Indications for Surgery-- Diagnostic arthroscopy:Criteria for diagnostic arthroscopy:1. Conservative Care: Medications. or physical therapy. [This is met, because the use of medications has been documented.] plus2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. [This is met and documented.]3. Imaging Clinical Findings: Imaging is inconclusive. [This is met because the injured worker has grade IV chondromalacia of the patella, but there is no definite meniscal tear reported on the magnetic resonance imaging (MRI) of the right knee.As the Official Disability Guidelines (ODG) criteria for diagnostic arthroscopy are met as noted above, the requested diagnositic arthroscopy is recommended for certification. The American College of Occupational and Environmental Medicine (ACOEM) guidelines note that sever degenerative changes of the patella are not easily address by surgery, but do not rule it out. The Official Disability Guidelines (ODG) for chondroplasty state:Indications for Surgery--Chondroplasty:Criteria for chondroplasty (shaving or debridement of an articular surface), requiring all of the following:1. Conservative Care: Medication. or physical therapy. [This is met because the use of medications is documented.] 2. Subjective Clinical Findings: joint pain. and swelling. [This is met because it has been documented.] 3. Objective Clinical Findings: effusion. or crepitus. or limited range of motion. [This is met because patellofemoral crepitus and a trace effusion are documented.]4. Imaging Clinical Findings: Chondral defect on magnetic resonance imaging (MRI) [This is met as grade IV chondromalacia of the patella on magnetic resonance imaging (MRI) is documented.]As the Official Disability Guidelines (ODG) for chondroplasty are met, this procedure should also be certified. Should a meniscal tear be found at the time of surgery, meniscectomy, debridement and/or repair as indicated by the intraoperative findings may be necessary, but at this time, there are no definitive indications for meniscectomy. The previous denial was based on lack of documentation of mechanical signs and symptoms on examination. These findings are now documented on the 9/25/14 examination.

Post operative physical therapy, twelve sessions: 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 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Physical therapy (PT)

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address postoperative physical therapy. The Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines (ODG) recommend up to 12 physical therapy (PT) visits over 12 weeks following surgery to address chondromalacia patella. Under the initial course of treatment recommendations of the Medical Treatment Utilization

Schedule (MTUS) guidelines, half of the total recommended physical therapy (PT) sessions would be considered as the initial course of treatment. If the injured worker demonstrates a positive response to the initial course of treatment, then the additional sessions would be considered for certification. The initial course of treatment would be 6 visits and these 6 visits are, therefore, the request is medically necessary.

Medical clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340 - 350. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Introduction

Decision rationale: There is no documentation of a review of systems or significant medical comorbidities that would required evaluation by a primary care physician in the records provided for review. The American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) both note that a complete history and clinical examiantion is to be obtained prior to recommending treatment. Absent this information, the medical necessity of the requested medical clearance has not been established.

CBC, CMP, PT/PTT, HEP panel, HIVE panel, and UA: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 -330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Introduction

Decision rationale: There is no documentation of a review of systems or significant medical comorbidities that would required evaluation by a primary care physician in the records provided for review. The American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) both note that a complete history and clinical examination is to be obtained prior to recommending treatment. Absent this information, the medical necessity of the requested complete blood count (CBC), comprehensive metabolic panel (CMP), prothrombin time (PT)/partial thromboplastin time (PTT), hepatitis virus (HEP) panel, HIVE panel, and a urine analysis (UA) has not been established and the request is not medically necessary.

Knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329 -330. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace

Decision rationale: The type of brace being requested and its intended use are not documented. The Medical Treatment Utilization Schedule (MTUS) guidelines do not address knee braces. The American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) both note that a complete history and clinical examination is to be obtained prior to recommending treatment. Absent this information, the medical necessity of the requested knee brace has not been established.

Assistant surgeon: Upheld

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 American College of Surgeons Consensus Assistants at Surgery

Decision rationale: The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guideline do not address assistant surgeons. The American College of Surgeons Consensus statement on assistants at surgery notes that for diagnostic arthoscopy, an assistant is "almost never" necessary, but that for arthroscopic chondroplasty or meniscectomy, an assistant is "sometimes" necessary. and notes this is a determination to be made intraoperatively. As the extent of the arthroscopic procedures are not known at this time it is recommended that an assistant surgeon be non-certified at this time, but the carrier should be aware that an assistant surgeon may be deemed necessary intraoperatively based on the extent of the procedures determined necessary at the time of the index diagnostic arthrooscopy.