

Case Number:	CM14-0023419		
Date Assigned:	06/11/2014	Date of Injury:	05/25/2007
Decision Date:	07/24/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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 patient is a 45-year-old male sustained an industrial injury on 5/25/77. The injury occurred when he squatted and his right knee popped with immediate pain and locking. The patient underwent diagnostic and operative arthroscopy of the left knee with partial medial meniscectomy, chondroplasty of the medial femoral condyle, a partial lateral meniscectomy, a patelloplasty, partial synovectomy, and removal of loose bodies on 10/16/13. The patient completed 12 physical therapy visits on 12/12/13. Left lower extremity strength increased with residual patella tracking issues. There was medial knee pain secondary to patella tracking laterally. The patient had iliotibial band tightness and proximal hip muscle weakness. The 1/17/14 left knee MR arthrogram impression documented a large oblique tear affecting the posterior horn and mid-zone posteriorly and moderate patellofemoral joint chondromalacic changes laterally. The lateral meniscus revealed subtle signal alterations along the free edge consistent with fibrillation without a well-defined enhancing meniscal tear. The 1/24/14 treating physician report cited left knee pain in certain positions and activities. Physical exam findings documented trace effusion, mild medial joint line tenderness, range of motion 0-135 degrees, positive McMurray's testing, and stable to varus, valgus, Lachman, and posterior drawer testing. X-rays were obtained and showed well-preserved tibiofemoral and patellofemoral joint spaces. The diagnosis was left knee residual recurrent medial knee pain with large oblique medial meniscus tear and possible small lateral meniscus. Surgery was recommended. The 2/3/14 utilization review denied the request for left knee arthroscopy, partial medial meniscectomy, and associated services/items, because the patient is still in the post-operative recovery period. There was a lack of mechanical locking, age, early degenerative changes on imaging and lack of benefit from recent meniscus surgery. The 2/5/14 treating physician appeal cited persistent medial knee pain with catching, locking and giving way. Symptoms failed to improve with

narcotic pain medication, anti-inflammatories, heat/ice, injections, and physical therapy. His MRI evidenced a medial meniscus tear. Clinical exam documented effusion, medial joint line tenderness, and painful McMurray testing. The treating physician again requested left knee arthroscopy with partial medial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 346. 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 Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines criteria for meniscectomy includes 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. In this case, guideline criteria have been met. The patient presents with subjective and objective clinical exam findings consistent with the medial meniscus tear evidenced on the 1/17/14 left knee MR arthrogram. Symptoms did not improve with prior surgery, narcotic pain medications, anti-inflammatories, heat/ice, and physical therapy. Therefore, the request for partial medial meniscectomy is medically necessary and appropriate.

PARTIAL MEDIAL MENISECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

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, Meniscectomy.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The provider has requested a left knee arthroscopy with partial medial meniscectomy. 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. In this case, the guideline criteria have been met. The patient presents with subjective and objective clinical exam findings consistent with the medial meniscus tear evidenced on the 1/17/14 left knee MR arthrogram. Symptoms did not improve with prior surgery, narcotic pain medications, anti-inflammatories, heat/ice, and physical therapy. Therefore, the request for left knee arthroscopy is medically necessary and appropriate.

POST-OPERATION PHYSICAL THERAPY (X8-18): 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: 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 for 6 initial visits consistent the MTUS recommendations. However, this request for post-operative physical therapy for 8 to 18 visits is not consistent with guidelines. Therefore, the request for post-operative physical therapy (8-18) is not medically necessary and appropriate.

THIGH HIGH TED HOSE STOCKING: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison Text Book.

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, Compression garments.

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines recommend low levels of compression applied by stockings as effective in the management of edema and deep vein thrombosis. Therefore, this request for thigh high TED hose stockings is medically necessary.

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 (ODG).

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS does not provide recommendations for chronic knee conditions. The Official Disability Guidelines recommend walking aids as needed based on disability, pain, and age-related impairments. Given the medical necessity of knee surgery, the use of crutches is reasonable. Therefore, the request for crutches is medically necessary and appropriate.