

Case Number:	CM14-0031562		
Date Assigned:	06/20/2014	Date of Injury:	03/06/2013
Decision Date:	12/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/12/2014

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 is a 51 year old male with a 3/6/13 injury date. He was involved in a motor-vehicle accident in which he was thrown from the vehicle. A 1/17/14 right knee MRI revealed a Baker's cyst, globular increased signal intensity posterior horn of the medial meniscus most consistent with intrasubstance degeneration, tear is not excluded. In a 2/5/14 follow-up, the patient reports improvement in almost all areas. The right knee exam showed a healed abrasion over the patella (from a recent fall), no effusion, no crepitus, negative grind and apprehension, no ligamentous laxity, and posteromedial joint line tenderness. The provider's review of the recent MRI was a grade II or III tear of the posterior horn of the lateral meniscus. Diagnostic impression: right knee pain. Treatment to date: medications. A UR decision on 2/21/14 denied the request for right knee exam under anesthesia, arthroscopic partial medial meniscectomy versus repair, on the basis that (1) the formal MRI report does not identify a meniscal tear, (2) conservative care has not been exhausted, and (3) the current exam does not identify functional deficits. The request for Norco 5/325 mg #25 was denied because it was for post-operative use and the surgery was not approved. The requests for post-op physical therapy, pre-op medical clearance, labs, chest x-ray, and EKG were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Examination under anesthesia; arthroscopy; partial medial meniscectomy versus repair of the right knee: Upheld

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

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

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. However, in this case there are several issues that must be addressed prior to certification. First, there is no rationale or indication of objective findings that would necessitate an exam under anesthesia. Second, it does not appear from the records that the patient has ever had a significant amount of physical therapy directed specifically towards the right knee or an intra-articular cortisone injection. Third, in the most recent note in 2/2014, the patient seemed to report getting better and the exam findings were not very impressive for significant functional limitations. There was no mention of knee range of motion, McMurray's sign was negative, and there was no crepitus or swelling. Finally, there is a discrepancy between the formal MRI read and the provider's interpretation, in which the former does not find a definite meniscal tear, and the latter finds a lateral meniscus tear. This discrepancy would need to be cleared up prior to approval. In addition, the request on the RFA was for partial medial meniscectomy, and the provider's diagnosis after interpretation of the MRI was lateral meniscus tear. Also, the MRI did show a Baker's cyst and degenerative changes within the menisci, both of which are correlated with degenerative arthritis. A weight-bearing x-ray of the right knee was not available, but might be expected to show joint space narrowing, in which case a knee arthroscopy would not be recommended as the guidelines do not support arthroscopy for osteoarthritis. In any event, the medical necessity of the procedure has not been established. Therefore, the request for examination under anesthesia; arthroscopy; partial medial meniscectomy versus repair of the right knee, is not medically necessary.

Norco 5/325 mg, QTY: 25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, the medication is intended for post-op use and the associated procedure was not certified. Therefore, the request for Norco 5/325 mg # 25 is not medically necessary.

Post-operative physical therapy for the right knee, 3 times a week for 4 weeks, QTY: 12:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS supports 12 physical therapy sessions over 12 weeks after meniscectomy. However, the associated surgical procedure was not certified. Therefore, the request for post-operative physical therapy for the right knee, 3 times a week for 4 weeks, QTY 12, is not medically necessary

Preoperative medical clearance with laboratory testing; (CBC, CMP, UA, and TSH), chest X-ray and EKG: 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 Official Disability Guidelines (ODG): Low Back Chapter--Pre-operative EKG and Lab testing, Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Non-Cardiac Surgery.

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, the associated surgical procedure was not certified. Therefore, the request for preoperative medical clearance with laboratory testing; (CBC, CMP, UA, and TSH), chest X-ray and EKG is not medically necessary.