MAXIMUS Federal Services

Case Number:	CM14-0032243		
Date Assigned:	06/20/2014	Date of Injury:	10/08/2008
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 54-year-old male custodian sustained an industrial injury 10/8/08 relative to cumulative trauma. The 5/4/07 left knee MRI impression documented posterior horn medial meniscus tear and grade 1 change of the posterior horn of the lateral meniscus. The patient was status post left knee arthroscopy with partial medial and lateral meniscectomies on 8/26/09. Past medical history was positive for right thumb surgeries 10/28/08, 5/12/09, and 11/10/09, right knee arthroscopy with partial meniscectomy on 5/26/10, right knee arthroscopy on 11/28/12, bilateral carpal tunnel releases on 3/9/10, right elbow surgery on 2/26/13, left shoulder surgeries 9/7/11 and 3/21/12, and left carpal tunnel release and digits 1-5 trigger finger releases on 11/12/13. He was also diagnosed with thoracic and lumbosacral disc injuries and bilateral S1 radiculopathy. Records indicated that the patient presented on 5/2/13 with left knee pain, effusion and medial/lateral joint line tenderness. Prior conservative treatment had included acupuncture, physical therapy, steroid injection, bracing, cane, anti-inflammatories, analgesics, topical analgesics, and aqua therapy. The 2/6/14 treating physician report cited an increase in left knee pain, swelling and stiffness. He was unable to wear his knee brace due to swelling. Physical exam findings documented the patient walked with a limp using a cane, no effusion, moderate medial/lateral joint line tenderness, quadriceps and patella tendon tenderness, range of motion 0-100 degrees with pain throughout the arc of motion, and worsened boggy swelling throughout his fat pad in a horseshoe shape across the anterior knee. The diagnosis was knee pain. The treatment plan recommended arthroscopic knee debridement with manipulation under anesthesia and post procedure physical therapy 2x6. The 2/13/14 utilization review denied the request for left knee arthroscopy and manipulation under anesthesia and associated services as there was insufficient documentation of the diagnosis and prior physical therapy completed. There were no diagnostic studies, including x-rays and MRI. The 3/4/14 treating physician progress report cited continued

worsening left knee pain, swelling and stiffness and moderate low back pain that added to the knee pain. Physical exam findings documented ambulation with a limp, trace effusion, boggy swelling unchanged, moderate joint line tenderness (medial greater than lateral), quadriceps and patella tendon tenderness, and range of motion 0-95 degrees with pain most significant at extreme flexion. There was decreased anterior thigh sensation, right greater than left. The treatment plan recommended arthroscopic knee debridement with manipulation under anesthesia, medications, bracing, and post-operative physical therapy. The diagnosis was primary osteoarthritis left lower extremity, current medial meniscus tear, and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

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, Diagnostic arthroscopy.

Decision rationale: Under consideration is a request for a request for left knee arthroscopy. The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend diagnostic arthroscopy when clinical indications are met. Indications include medications or physical therapy, plus pain and functional limitations despite conservative treatment, and imaging is inconclusive. Guideline criteria have not been met. There are no current diagnostic studies documented relative to the left knee, including radiographs and imaging. Given the absence of current diagnostic studies, this request for left knee arthroscopy is not medically necessary.

Manipulation under anesthesia: Upheld

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, Manipulation under anesthesia (MUA).

Decision rationale: Under consideration is a request for manipulation under anesthesia. The California MTUS do not provide recommendations for surgery in chronic knee conditions. The Official Disability Guidelines recommend manipulation under anesthesia as an option for the treatment of arthrofibrosis. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain. Guideline criteria have not been met. There is no evidence in the records that exercise, physical therapy or joint injections directed to the left knee

have recently been attempted and have failed to restore range of motion and relieve pain. There are no detailed findings of arthrofibrosis. Therefore, this request for manipulation under anesthesia is not medically necessary.

Post-operative physical therapy for two times a week to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.