

Case Number:	CM14-0035902		
Date Assigned:	06/23/2014	Date of Injury:	02/04/2014
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 58-year-old female who reported injury on 02/04/2014. The injured worker underwent an MRI of the left knee without contrast on 02/17/2014, which revealed small tears suggested in the medial and lateral menisci, moderate effusion, moderate subcutaneous fat edema is seen circumferentially around the knee, and no evidence of fracture or ligamentous tear. The mechanism of injury was the injured worker was running after a student and planted to grab him when she noticed immediate swelling and a grinding sensation in the knee. Prior treatments included a hinged brace, crutches, medications, and physical therapy, as well as an MRI of the left knee. The documentation of 03/03/2014 revealed the injured worker had complaints of swelling, catching, locking, popping, clicking, and instability. The injured worker had an effusion on the left and had flexion of 110 degrees. Pain was elicited by motion. The injured worker had medial joint line tenderness and lateral joint line tenderness. The injured worker had an x-ray of the knee, which revealed no fracture, dislocation, degenerative changes, and joint spaces were well preserved with normal alignment and the patella was well seated. The diagnoses included knee pain and current tear of the medial cartilage and/or meniscus of the knee. The treatment plan included the injured worker had failed conservative management, and surgical and non-surgical options were discussed. The decision was made for a left knee arthroscopy with medial and lateral meniscectomy. The request was previously denied as there were documented subjective complaints of locking and giving way; however, the examination was negative for mechanical findings. Additionally, it was indicated the injury was 1 month old, and, as such, the injured worker could not have had a full trial of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left knee arthroscopy with medial and lateral meniscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of an exercise program to increase range of motion and strength of the musculature around the knee. Additionally, there should be documentation for clear evidence of a meniscus tear by which the injured worker would have symptoms other than simply pain, including locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear on examination, including tenderness over the suspected tear, but not over the entire joint line, and consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination of medial and lateral joint line tenderness. The injured worker had an effusion on the left knee. The injured worker complained of swelling, catching/locking, popping/clicking, and instability. The MRI indicated that the injured worker had an intrameniscal signal abnormality present in the body of the medial meniscus, which did appear to the articular surface as a tear. While it was indicated the injured worker had small tears suggested in the medial and lateral menisci, the injured worker had popping, clicking, and instability, which would indicate a necessity for surgical intervention. Given the above, the request for left knee arthroscopy with medial and lateral meniscectomy is medically necessary.

A physician's assistant (PA): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Other Medical Treatment Guideline or Medical Evidence: Surgeons as Assistants at Surgery, 2011 Study.

Decision rationale: Per the Physicians as Assistants at Surgery, 2011 Study, a surgical assistant is sometimes necessary for a medial meniscectomy. This request would be supported. Given the above, the request for a Physician's Assistant (PA) is medically necessary for the procedure.

Pre-Operative clearance with history & physical (H&P): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's textbook of Medicine, Washington Manual of medical Therapeutics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation:
[http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=.](http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=)

Decision rationale: Per the Society of General Internal Medicine, Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review supported the surgical intervention. As such, the preoperative clearance with history and physical is medically necessary.

Preoperative testing (EKG, CMP, CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative testing-Author: Gyanendra K Sharma, MD, FACP, FACC, FASE: Chief Editor: William A Schwer, MD.

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, Preoperative electrocardiogram (ECG), Preoperative Lab Testing.

Decision rationale: The Official Disability Guidelines indicate that ambulatory surgery is a procedure that is low risk and EKGs are not indicated for low risk procedures. There is a lack of documentation indicating the injured worker has signs or symptoms of active cardiovascular disease to support the necessity for an EKG. The ODG also indicate that electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. The ODG indicate that a complete blood count is appropriate for injured workers with disease that increase the risk of anemia, or for injured workers in whom significant peri-operative blood loss is anticipated. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.