

Case Number:	CM14-0036644		
Date Assigned:	06/25/2014	Date of Injury:	03/14/2012
Decision Date:	12/31/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/26/2014

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 46 year old male with a 3/14/12 injury date. The mechanism of injury was described as a fall down the stairs, during which time a twisting injury of the right knee occurred. In a 1/16/14 note, the patient complained of continued 8/10 right knee pain with popping, locking, and swelling. Objective findings included right knee swelling, severe tenderness at the posteromedial joint line, normal range of motion, and positive McMurray's test. A right knee MRI on 6/20/13 revealed tricompartmental arthritis and an oblique tear of the posterior horn of the medial meniscus. Diagnostic impression: right knee arthritis, meniscus tear. Treatment to date includes right knee arthroscopy (8/2012), medications, physical therapy, and a brace. A UR decision on 3/13/14 denied the request for right knee arthroscopy with meniscal debridement, possible synovectomy, and possible chondroplasty because the patient had already had surgery for the condition. In addition, the right knee was arthritic which would minimize the benefit obtained from the proposed procedure. The requests for pre-operative medical clearance, post-operative crutches, and post-operative physical therapy 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:

Right knee arthroscopy with meniscal debridement, possible synovectomy and possible chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Surgery, Chondroplasty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter--Meniscectomy, Chondroplasty, Arthroscopic surgery in osteoarthritis

Decision rationale: The California 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, Official Disability Guidelines criteria for meniscectomy include failure of conservative care. Regarding chondroplasty, the California MTUS states that surgery may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, Official Disability Guidelines does not recommend chondroplasty in the absence of a focal chondral defect on MRI. However, this patient had a right knee arthroscopy about 5 months after the injury date, and there is no description of the procedure or findings available in the documentation. This is important because the patient has clearly not received much benefit from that surgery, and repeating a similar procedure would not be medically appropriate without new symptoms or a significant progression of the disease. In addition, Official Disability Guidelines does not recommend arthroscopic surgery in arthritis knees, and this patient's MRI revealed significant tricompartmental osteoarthritis. It is unlikely that arthroscopic debridement, chondroplasty, and synovectomy would provide significant benefit in the setting of osteoarthritis of the knee. Therefore, the request for right knee arthroscopy with meniscal debridement, possible synovectomy and possible chondroplasty is not medically necessary.

Pre-Operative Medical Clearance: 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 Other Medical Treatment Guideline or Medical Evidence: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery

Decision rationale: The California MTUS does not address this issue. 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, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Crutches: 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): Knee Chapter-- Walking aids

Decision rationale: The California MTUS does not address this issue. Official Disability Guidelines states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy Twice a week for four weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS supports 12 physical therapy sessions over 12 weeks after meniscectomy. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.