MAXIMUS Federal Services

Case Number:	CM14-0040893		
Date Assigned:	08/01/2014	Date of Injury:	12/18/2013
Decision Date:	09/09/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 49-year-old male who sustained an industrial injury on 12/18/2013 to the right knee, when he slipped and fell on grease on the ground. Treatment to date has included NSAIDs, Voltaren gel and work restrictions.The doctor's first report on 12/18/2013 documents he complained of pain and swelling; and pressure when walking. Examination revealed markedly overweight male. X-rays were taken, which revealed osteophytes and no acute injury. He was diagnosed with degenerative knee joint and marked osteophytes, non-industrial. Treatment plan was Acetaminophen according to need (PRN) for pain, advised to resume wearing his own custom made knee brace, work restriction - sitting work, and follow-up. He has history of previous right knee injury and is status post arthroscopy with open medial collateral ligament repair in 2000.According to the 1/13/2014 progress report, the patient reports that pain in the right knee has subsided, except upon kneeling. Examination reveals usual gaint, no limp, no point tenderness in area of contusion of patella, flexion is equal to left knee flexion, slightly tender area lateral to right patella, extension is full without distress, McMurray test is negative. The diagnoses are contusion of right knee; work-related, resolved, knee joint derangement; not work-related, status post (s/p) surgical repair of anterior cruciate ligament (ACL), and right knee (non-industrial). Plan is right knee MRI to rule out (r/o) aggravation of pre-existing, non-industrial condition. Continue working with restrictions. MRI of the right knee on 1/17/2014 provided the impression: 1. Thinning of the posterior horn of the medial meniscus. A Complex multicystic structure was seen adjacent to the posterior medical meniscal root insertion 3.4 x 1.7 x 1.6 cm. These findings may be related to previous meniscal pathology or surgery. No definite meniscal tear is identified. 2. The anterior ligament is normal in appearance. 3. Grade I sprain of the lateral collateral ligament at its insertion onto the lateral femoral condyle. No tear. 4. Degenerative changes of the patellofemoral compartment. According to the 7/21/2014 initial

evaluation report signed by [redacted], the patient complains of right knee pain and swelling and instability. He is using Voltaren gel for his symptoms. Pain is constant and remains localized. There is popping and swelling. Physical examination documents antalgic gait, limited heel/toe raise and squat, 1+ effusion and synovitis, no atrophy, tenderness at medial and lateral joint line, -5/100 ROM, 1+ sub-patellar, McMurray and Varus/Valgus stress tests. X-rays on 7/21/2014 reportedly demonstrate 15% narrowing medial with 1+ OP changes, moderate tibial spine spurring, mild lateral PF tilt. Right knee surgery is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Chondroplasty, loose body removal, partial Meniscectomy as indicated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Indications for Surgery, Menisectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Meniscectomy.

Decision rationale: According to the CA MTUS ACOEM guidelines, arthroscopic Meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. However, patient's suspected of having meniscal tears, but without progressive or severe activity limitation, can be encouraged to live with symptoms to retain the protective effect of the meniscus. According to the medical records provided for review, the patient has history of prior right knee arthroscopy with open collateral ligament repair in 2000. The right knee MRI on 1/17/2014 showed findings consistent with history of prior surgery, no meniscal tear, grade I sprain of the lateral collateral ligament, no tear, and degenerative changes of the patellofemoral compartment. The x-rays reveal osteoarthritis (OA) of the knee. The 7/21/2014 report reveals some limited range of motion (ROM), tenderness, and positive McMurray. There is no locking or catching of the knee. The medical records do not establish if the patient has completed a full course of conservative care. Considering the absence of mechanical symptoms, minimal findings on examination, which would likely benefit from Physical Therapy (PT), and with the absence of definite tear revealed on diagnostic studies, the request for Right knee arthroscopy with chondroplasty, loose body removal, partial Meniscectomy as indicated is not medically necessary and appropriate.

Preoperative Medical Clearance: 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), Low Back Chapter, Procedure Summary (02/13/14), Preoperative Lab Testing.

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, Preoperative testing, general.

Decision rationale: Consequently, in absence of surgery and preoperative labs the request for Preoperative Medical Clearance is not medically necessary and appropriate.

Preoperative lab-work: 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), Low Back Chapter, Procedure Summary (02/13/14), Preoperative Lab Testing.

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, Preoperative testing, general.

Decision rationale: Consequently, in absence of surgery and preoperative labs the request for Preoperative lab-work is not medically necessary and appropriate.

Preoperative Echocardiogram (EKG): 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), Low Back Chapter, Procedure Summary (02/13/14), Preoperative Lab Testing.

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, Preoperative testing, general.

Decision rationale: The ODG states preoperative testing (for example, chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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. Consequently, in absence of surgery and preoperative labs the request for Preoperative Echocardiogram (EKG) is not medically necessary and appropriate.

Preoperative Chest X-ray: 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), Low Back Chapter, Procedure Summary (02/13/14), Preoperative Lab Testing.

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, Preoperative testing, general.

Decision rationale: The ODG states preoperative testing (for example, chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations 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. Consequently, in absence of surgery and preoperative labs the request for Preoperative Chest X-ray is not medically necessary and appropriate.

Polar Compression unit and supplies (rental or purchase): 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-TWC), Knee and Leg Chapter, Procedure Summary (last updated 01/20/14), Continuous-flow Cryotherapy.

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, Cold/heat packs; Continuous-flow cryotherapy.

Decision rationale: According to the Official Disability Guidelines, continuous cryotherapy device is recommended as an option after surgery, but not for nonsurgical treatment. In the postoperative setting, rental of a cryotherapy unit for up to 7 days may be recommended. Consequently, in absence of surgery and preoperative labs the request for Polar Compression unit and supplies (rental or purchase) is not medically necessary and appropriate.

Postoperative Physical Therapy for the right knee: 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: Consequently, in absence of surgery and preoperative labs the request for Postoperative Physical Therapy for the right knee is not medically necessary and appropriate.