MAXIMUS Federal Services

Case Number:	CM14-0046048		
Date Assigned:	07/02/2014	Date of Injury:	10/08/2011
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 54-year-old male with a date of injury of 10/08/2011. The listed diagnoses per [redacted] are left knee internal derangement, medial joint line arthritis with mechanical symptoms and meniscus pathology. According to progress report 03/17/2014, the patient presents with complaints left knee pain with catching and some clicking and locking. X-rays taken on this date revealed decreased joint space medially and some osteophyte in the proximal tibia. MRI from 04/26/2013 showed evidence of extruded tear of both horns of the medial meniscus. There are also degenerative changes in the medial compartment. An examination of the left knee revealed medial joint line pain and effusion. Medial McMurray's and crepitus is present. The range of motion (ROM) is 0 to 120 degrees. Anything past that, there is pain medially. Patellofemoral joint pain is present but there is no instability noted. An agreed medical evaluation (AME) report on 11/12/2013 noted patient needs lower extremity EMG/NCV and suggested left knee arthroscopy due to mechanical meniscal issues. The request is for a left knee arthroscopic surgery and possible meniscectomy and chondroplasty, postoperative physical therapy 3 x 4, and pre-op medical clearance. The utilization review denied the request on 03/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopic surgery, possible meniscectomy and chondroplasty: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Meniscectomy.

Decision rationale: This patient presents with chronic left knee pain. An MRI of the left knee documents a small knee effusion, chronic extruded tears of medial meniscus, bone bruise, and medial compartment degenerative joint disease changes. [redacted] reports patient has ongoing difficulty with bending and kneeling and there is clicking and popping of the knee. AME report 11/12/2013 indicates surgery would not help arthritis but would help mechanical symptoms. The request is for a left knee arthroscopic surgery and possible meniscectomy and chondroplasty. The utilization review denied the request stating the patient does not describe mechanical symptoms. ODG states that Meniscectomy is recommended for meniscal tears for younger patients. Indications for surgery are conservative care, subjective finding of joint pain or giving way or locking or clicking and popping plus objective findings of at least two of the following: positive McMurray's, join tenderness, Effusion, limited ROM, clicking, locking and popping. The ODG also requires meniscal tear on MRI. In this case, the patient's age appears to be the factor. This patient meets the criteria for meniscectomy given the patient's symptoms, exam findings and MRI. Therefore the request is medically necessary.

Post-Operative physical therapy, Left Knee 3x4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

Decision rationale: This patient presents with chronic left knee pain. The physician is requesting a left knee arthroscopic surgery and possible meniscectomy and chondroplasty and postoperative physical therapy 3 times a week for 4 weeks. The MTUS postsurgical treatment guidelines support 12 visits over 12 weeks for meniscectomy. Therefore the request is medically necessary.

Pre-op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Preoperative lab testing, Preoperative testing, general.

Decision rationale: This patient presents with chronic left knee pain. The physician is requesting left knee arthroscopic surgery and possible meniscectomy and chondroplasty and pre-op medical clearance. For preoperative testing, the ODG Guidelines recommends pre-op lab testing for preoperative urinalysis, electrolyte and creatine testing, random glucose testing, and complete

blood count. Pre-operative clearance would be indicated if the patient was to undergo surgery. In this case, the requested surgery has been authorized; therefore pre-operative work-up is medically necessary.