

Case Number:	CM14-0052552		
Date Assigned:	07/07/2014	Date of Injury:	02/03/2011
Decision Date:	08/12/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 52-year-old male who reported an injury on 02/03/2011. The mechanism of injury was not provided. The injured worker was noted to have undergone a vein stripping of the left lower extremity. The documentation of 01/21/2014 revealed the injured worker had activity related pain in the left knee. The injured worker had injections with a few days of improvement. The physical examination revealed tenderness along the medial joint line with range of motion of 0/120 degrees. There was pain with deep flexion. There was a positive McMurray's test pain. There was some numbness noted just proximal to the patella. The diagnoses included left knee degenerative joint disease and left knee medial meniscus tear. The treatment plan included arthroscopic treatment of the knee and 12 visits of physical therapy after surgery, as well as preoperative medical clearance. The injured worker underwent an MRI of the left knee without contrast on 07/20/2012 which revealed a large radial/near complete meniscus root avulsion tear of the posterior horn of the medial meniscus involving a 10 mm area. There was no evidence of ligament injury. There was tricompartmental osteoarthritis which appeared focally severe in the medial compartment, moderate in the patellofemoral compartment, and mild in the lateral compartment. This request was previously denied as there was a lack of documentation of the MRI report to support the extent of the meniscal tear and additionally it was noted that arthroscopy is not recommended for the management of osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scope PMM (Partial Medial Meniscectomy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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 & Leg Chapter, Surgery for Osteoarthritis.

Decision rationale: The ACOEM guidelines indicate that referral for a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise program to increase range of motion and strength of musculature around the knee. Additionally, they indicate that arthroscopic a partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a tear with symptoms other than simply pain, including locking, popping, giving way, and recurrent effusion, clear signs of a bucket handle tear on examination which is tenderness over the suspected tear but not over the entire joint line and perhaps a lack of full passive flexion and consistent findings on MRI. The clinical documentation submitted for review indicated the injured worker had dull achiness through the entire joint line and had tenderness along the medial joint line along with a positive McMurray's test, as well as some numbness just proximal to the patella. However, MRI of the left knee without contrast on 07/20/2012 revealed the injured worker had a large radial near complete meniscal root avulsion near the posterior horn of the meniscus involving a 10 mm area. This type of an injury would not respond to physical therapy. The request was made specifically for a partial medial meniscectomy. This request would be supported if there were no findings of osteoarthritis. The MRI revealed the injured worker had tricompartmental osteoarthritis which appeared focally severe in the medial compartment, moderate in the patellofemoral compartment, and mild in the lateral compartment. The Official Disability Guidelines do not recommend arthroscopic surgery for osteoarthritis. There was a lack of documentation of exceptional factors. Given the above, the request for Left knee scope PMM (Partial Medial Meniscectomy) is not medically necessary and appropriate.

Pre-operative visit with primary MD (Primary Treating Doctor): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. 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: <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 procedure. The clinical documentation submitted for review met the criteria for the requested. As such, a preoperative visit would be supported. Given the above, the request for Pre-operative visit with primary MD (Primary Treating Doctor) is medically necessary and appropriate.

