

Case Number:	CM14-0056518		
Date Assigned:	07/09/2014	Date of Injury:	07/05/2012
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/27/2014

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 Orthopaedic 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 55-year-old male sustained an industrial injury 7/5/12. The injury occurred when the patient slipped and fell hitting his right knee. The patient underwent right knee arthroscopy with partial medial and lateral meniscectomy and synovectomy on 9/19/13. The patient fell while walking for exercise on 2/9/14. He reported his knee buckled and he fell landing on his right knee. The 2/27/14 right knee MRI impression documented a minimally displaced fracture of the medial aspect of the trochlea. Findings documented degeneration of the medial meniscus with free edge tear and subluxation of a small remnant fragment. There was medial compartment articular cartilage narrowing, intact lateral meniscus, and knee effusion. The 3/31/14 treating physician progress report cited continued and sharp medial right knee pain with give way and buckling. Physical exam findings documented the patient was walking with a cane and wearing a knee brace. Range of motion was decreased to 8-95 degrees. There was tenderness over the medial joint line, positive effusion, pain with passive extension, and positive McMurray's. The treating physician documented a failure of post-op physical therapy, home exercise program, medications, and injection/aspiration. The patient was non-weight bearing with crutches. Surgery was requested for arthroscopy and partial medial meniscectomy. The 4/4/14 utilization review denied the request for right knee surgery based on an absence of mechanical symptoms and complex multifactorial issues regarding the knee, including quadriceps insufficiency with weakness, medial compartment narrowing, and an active fracture of the trochlea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Arthroscopy with Partial Medial Meniscectomy.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: The ACOEM guidelines recommend surgery for severe mechanical signs/symptoms or serious activity limitations if the MRI findings are consistent. Pain alone is not a sufficient basis for surgery. The Official Disability Guidelines provide specific criteria for meniscectomy that includes conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. There is no detailed documentation that recent comprehensive conservative treatment had been tried and failed following the incident of 2/27/14. Medical necessity of the surgical request (given the then presence of an active trochlear fracture) is not established. Therefore, this request is not medically necessary.

Post-Operative Physical Therapy, 12 visits.: 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 Page(s): 24.

Decision rationale: As the request for right knee arthroscopy is not medically necessary, the associated request for post-operative physical therapy, 12 visits, is also not medically necessary.

Pre-operative 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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation.

Decision rationale: As the request for right knee arthroscopy is not medically necessary, the associated request for pre-operative clearance is also not medically necessary.