

Case Number:	CM14-0071653		
Date Assigned:	07/16/2014	Date of Injury:	12/23/2013
Decision Date:	12/31/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/18/2014

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:

According to the records made available for review, this is a 63-year-old female with a 12/23/13 date of injury. At the time (4/8/14) of the request for authorization for arthroscopic surgery and partial meniscectomy right knee, post-operative cold therapy unit purchase for right knee, and post-operative crutches purchase, there is documentation of subjective (right knee pain and swelling, clicking is noted as well) and objective (tenderness to palpation over the medial joint line, positive McMurray sign over the medial joint line) findings, imaging findings (MRI right knee (3/19/14) report revealed mild undersurface tearing involving the body of the medial meniscus. Small medial plica extending into the medial patellofemoral joint space), current diagnoses (right knee medial meniscus tear), and treatment to date (medication, bracing, and physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery and partial meniscectomy right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Meniscectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies that arthroscopic partial 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 buckethandle 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, as criteria necessary to support the medical necessity of meniscectomy. ODG identifies documentation of conservative care (Physical therapy OR Medication OR Activity modification), at least two symptoms (Joint pain OR Swelling OR Feeling of give way OR Locking, clicking, or popping), at least two findings (Positive McMurray's sign OR Joint line tenderness OR Effusion OR Limited range of motion OR Locking, clicking, or popping OR Crepitus), and imaging findings (Meniscal tear on MRI), as criteria necessary to support the medical necessity of meniscectomy. Within the medical information available for review, there is documentation of diagnoses of right knee medial meniscus tear. In addition, there is documentation of conservative care (physical therapy and medication), at least two symptoms (pain and swelling), at least two findings (positive McMurray's sign and joint line tenderness), and imaging findings (meniscal tear on MRI). Therefore, based on guidelines and a review of the evidence, the request for arthroscopic surgery and partial meniscectomy right knee is medically necessary.

Post-operative cold therapy nit purchase for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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, Continuous-flow cryotherapy

Decision rationale: MTUS does not address this issue. ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. In addition, ODG identifies that continuous-flow cryotherapy is recommended as an option after surgery for up to 7 days, including home use. Within the medical information available for review, there is documentation of diagnoses of right knee medial meniscus tear. In addition, there is documentation of a pending surgical procedure. However, the requested post-operative cold therapy unit purchase exceeds guidelines (for up to 7 days, including home use). Therefore, based on guidelines and a review of the evidence, the request for post-operative cold therapy unit purchase for right knee is not medically necessary.

Post-operative crutches purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: MTUS does not address the issue. ODG identifies walking aids (canes, crutches, braces, orthoses, & walkers) are recommended. Almost half of patients with knee pain possess a walking aid. Within the medical information available for review, there is documentation of diagnoses of right knee medial meniscus tear. In addition, there is documentation of a pending surgical procedure. Therefore, based on guidelines and a review of the evidence, the request for post-operative crutches purchase is medically necessary.