

Case Number:	CM14-0072682		
Date Assigned:	07/16/2014	Date of Injury:	07/10/2013
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
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:

This 40-year-old male sustained an industrial injury on 7/10/13. Injury occurred when he was trying to break up an altercation between inmates and twisted his knee. The patient underwent right knee arthroscopy with partial medial and lateral meniscectomy, debridement of hypertrophic synovitis and chondroplasty in all three compartments on 10/29/13. Operative findings indicated significant degenerative change particularly in the medial compartment. Post-operative Supartz injections were provided. The patient reported on-going right knee discomfort. The 4/9/14 right knee MR arthrogram impression documented re-tearing of the body and posterior horn of the medial meniscus with a small displaced meniscal flap lying alongside the medial tibial plateau. There was a moderate amount of fluid in the tibial collateral ligament bursa consistent with bursitis. There was moderate grade chondral loss throughout the medial femorotibial compartment with focal moderate grade chondral loss of the central trochlea. The 4/9/14 treating physician report cited increased right knee pain and difficulty with walking, standing and any weight bearing activity. Physical exam documented marked swelling. The treating physician noted inability to perform special maneuvers secondary to swelling and guarding. Authorization was requested for right knee arthroscopy with partial medial meniscectomy and associated items. Authorization was also requested for a custom medial unloading brace given his medial compartment degenerative pathology. The 5/8/14 utilization review denied the request for right knee surgery and associated items/services following peer-to-peer discussion and approval of an unloader brace. Additional conservative treatment was warranted prior to surgery. The 6/4/14 treating physician progress report cited on-going moderate to severe right knee pain with walking, standing, and any type of weight bearing activity. The patient was wearing a hinged knee brace. Physical exam documented slightly altered gait, trace effusion, medial and lateral joint line tenderness, and positive McMurray's. The

treating physician opined that the patient requires a knee arthroscopy given the large meniscal tear found on the MR arthrogram.

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 meniscectomy with surgical assistant: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

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

Decision rationale: The California MTUS state that surgical referral may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The California MTUS guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms over than simply pain (locking, popping, giving way, recurrent effusion), clear objective findings, and consistent findings on imaging. Guideline criteria have been met. This patient presents with constant function-limiting right knee pain with recurrent effusion. Physical exam documented medial and lateral joint line tenderness, positive McMurray's, and effusion. An MR arthrogram findings demonstrated re-tearing of the body and posterior horn of the medial meniscus with a small displaced meniscal flap. Physical therapy, medications, injections, bracing and activity modifications have failed. Therefore, this request for right knee arthroscopy with partial meniscectomy and surgical assistant is medically necessary.

Postoperative physical therapy 2x/week x 6 weeks: Overturned

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: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy is recommended for 6 visits. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for post-operative physical therapy 2x6 is medically necessary.

Postoperative cold compression unit x14 days: 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 Official Disability Guidelines (ODG) Knee and Leg, Cold compression therapy.

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy is recommended for 6 visits. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for post-operative physical therapy 2x6 is medically necessary.

Postoperative Norco 5/325mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling both acute and chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the post-operative use of Norco. Prior benefit to Norco has been reported relative to pain reduction. Therefore, this request for post-operative Norco 5/325mg #60 is medically necessary.