

Case Number:	CM14-0086589		
Date Assigned:	07/23/2014	Date of Injury:	01/23/2013
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 23-year-old male laborer sustained an industrial injury on 1/23/13. Injury occurred when several packs of bundled plastic fell on him, causing him to fall to the ground. The patient underwent left knee video arthroscopy with medial meniscus repair on 12/7/13. The 2/17/14 orthopedic report documented persistent left knee catching and popping since a twisting injury in physical therapy. The 3/6/14 left knee magnetic resonance imaging (MRI) impression documented evidence of free margin and undersurface fraying within the posterior horn of the meniscus with no definitive tear. There was focally intense signal at the lateral origin of the patellar tendon suspicious for tendonitis/partial tear with peritendinitis. The 3/17/14 orthopedic progress report documented persistent medial left knee pain and intermittent locking and catching which was persistent with weight bearing. Left knee physical exam documented well-healed incisions, range of motion 5-125 degrees and mildly positive McMurray's test. There was no ligamentous instability. The MRI was reviewed and showed an intrasubstance tear of the medial meniscus. A request for repeat surgery was submitted. A 4/3/14 utilization review certified the request for repeat left knee video arthroscopy and medial meniscectomy versus repair. The patient subsequently underwent repeat left knee video arthroscopy and medial meniscectomy on 4/12/14. The 6/3/14 utilization review denied the request for repeat left knee arthroscopy as surgery was authorized on 4/3/14 and additional surgery is not documented as medically necessary. The request for Transcutaneous Electrical Nerve Stimulation (TENS) was denied as there was no documentation of symptomatic or functional improvement to warrant authorization of additional TENS unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left knee video arthroscopy and medial meniscectomy versus repair: Upheld

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): 343-345.

Decision rationale: The California MTUS Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way and recurrent effusion), clear objective findings and consistent findings on imaging therefore guideline criteria have not been met. This patient underwent initial meniscal repair on 12/7/13 and did well until he sustained a twisting injury in physical therapy. Magnetic resonance imaging (MRI) findings suggested an intrasubstance medial meniscus tear. A repeat meniscal surgery was requested given pain and mechanical symptoms. The repeat procedure was approved in utilization review and performed on 4/12/14. There is no evidence that the patient failed to improve post-operatively or that a third surgery is indicated. Therefore, this request for Repeat left knee video arthroscopy and medial meniscectomy versus repair is not medically necessary.

Durable Medical Equipment: TENS Unit Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The CA MTUS do not recommend Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality. A trial of TENS unit is recommended for select chronic pain patients with intractable pain and evidence that other appropriate pain modalities have been tried (including medications) and failed. Post-operative use of a TENS unit is not generally supported for arthroscopy surgeries but, if used, would be limited to 30 days. Guideline criteria have been met. There is no documentation of intractable pain to support long term use of a TENS unit. The post-operative TENS unit time frame had expired. There is no documentation that use of a TENS unit resulted in symptomatic or functional improvement to support the medical necessity of continued use. Therefore, the request for Transcutaneous Electrical Nerve Stimulation unit is not medically necessary.