

Case Number:	CM14-0091068		
Date Assigned:	08/08/2014	Date of Injury:	06/04/2009
Decision Date:	09/11/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/13/2014

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 54-year-old male laborer sustained an industrial injury on 6/4/09. Injury occurred when the patient was ran into by a golf cart, impacting his left hip. He was then pushed into a table hitting his right hip. Past surgical history was positive for right knee arthroscopy with partial medial meniscectomy, debridement and synovectomy on 12/9/09. Past medical history was positive for a heart attack on 11/1/11 and subsequent stent placement. The 3/11/11 left knee MRI impression documented findings consistent with a complex tear at the posterior horn of the medial meniscus, grade 1 signal in the lateral meniscus, and evidence of joint effusion. The 2/20/14 orthopedic AME report noted the 3/11/11 MRI findings and several prior requests for left knee arthroscopy surgery that had not been addressed. The AME indicated that left knee arthroscopy would be appropriate. The progress reports indicated that the patient had bilateral knee pain, right more than left. The patient was able to ambulate without difficulty. Muscle strength testing varied from 4/5 to 5/5 bilaterally. There were no left knee mechanical symptoms documented. The patient had temporary benefit with corticosteroid injections to both knees. Records suggested that the patient had failed other treatment including therapy, activity restrictions, medications, and home exercise. However, there is no clear documentation of physical therapy to the left knee or oral anti-inflammatory medications. Platelet-rich plasma injections were requested to address bilateral knee mild osteoarthritis. A right platelet-rich plasma injection was provided with minimal benefit. The 5/4/14 treating physician report cited constant and worsening grade 6-7/10 bilateral knee pain. The patient was taking Ultram and Flexeril. Left knee exam documented range of motion 0-140 degrees with positive McMurray's. Patellofemoral grind was positive on the right. The left knee had been approved for platelet-rich plasma injection but the AME had recommended a left knee meniscectomy and the treating physician was in agreement. Left knee arthroscopy was recommended. The 5/15/14 utilization review denied the left knee arthroscopy

and associated requests as there was no documentation of when the most recent MRI study was accomplished or evidence of appropriate attempts at conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Indications for Surgery, Meniscectomy.

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 and Leg, Meniscectomy.

Decision rationale: The California MTUS guidelines state that arthroscopic partial meniscectomy may be highly successful in cases with clear evidence of a meniscus tear, symptoms other than pain, clear signs of a bucket handle tear on exam, and consistent findings on MRI. The Official Disability Guidelines provide specific criteria for meniscectomy or meniscus repair that include 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 not been met. There is no current documentation of mechanical meniscal symptoms. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA (American College of Cardiology/American Heart Association), (<http://circ.ahajournals.org/cgi/content/full/116/17e41>).

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Crutches: 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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Polar Frost unit: 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, Continuous flow cryotherapy.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

DVT (Deep Vein Thrombosis) unit rental for 7 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th Edition, 2013 Updated Knee and Leg.

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, Venous Thrombosis.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Postoperative physical therapy, 2 times a week for 6 weeks QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

