

Case Number:	CM14-0093636		
Date Assigned:	08/01/2014	Date of Injury:	05/22/2013
Decision Date:	10/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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, Fellowship Trained in Pediatric Orthopedics and is licensed to practice in Texas and Colorado. 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:

The injured worker is a 32-year-old male who reported an injury on 05/22/2013. The mechanism of injury was a fall. Diagnoses included lumbar strain, postoperative SLAP tear medial meniscus, left knee sprain, status post partial medial meniscectomy on 09/10/2013. The previous treatments included physical therapy, medication, and surgery. The diagnostic testing included an MRI on 12/20/2013. In the clinical documentation dated 05/27/2014, it was reported the injured worker complained of pain described as torturing pain of the left knee. Upon physical examination the provider noted the injured worker had pain over the medial joint line, and a negative McMurray's. The injured worker had a positive Lachman's and a positive anterior drawer test. The provider noted the injured worker had an MRI which revealed a torn medial meniscus, an anterior cruciate and a mild sprain. The MRI also noted the injured worker had an indeterminate anterior cruciate ligament with fibers and continuity, consistent with a mild sprain. The provider requested a left knee arthroscopy for partial medial meniscus and ACL reconstruction, assistant surgeon, CPM x21 days, cryo unit, post op physical therapy, and muscle stim. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee Arthroscopy for Partial Medial Meniscus and ACL Reconstruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Guidelines note arthroscopic partial meniscectomies usually have a high success rate for cases in which there is clear evidence of meniscus tear; symptoms other than simply pain, locking, popping, giving way, recurrent effusion, clear signs of bucket handle tear on the examination, tenderness over the suspected tear but not over the entire joint line, and perhaps full lack of passive flexion, and consistent findings on an MRI. However, patients having a suspected meniscal tear, but without progressive or severe activity limitations can be encouraged to live with the symptoms to retain the protective effect of the meniscus. If symptoms are lessening, conservative methods can maximize healing. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery may not be equally beneficial for the patients who are exhibiting signs of degenerative changes. In addition, the guidelines note for an anterior cruciate ligament tear, reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. Anterior cruciate ligament tears often are followed by an immediate effusion of the knees. A history of frequent giving way episodes, or falls during activities that involve knee rotation, is consistent with the condition. A physical examination in an acute setting may be unrevealing because with the effusion and immobilization of the knee. In addition, the physical examination may reveal clear signs of instability as shown by positive Lachman's, drawer, and pivot shift test. It is important to confirm the clinical findings with an MRI evidence of a complete tear in the ligament. Especially in cases involving partial ACL tears, substantial improvement in symptoms may occur with rehabilitation alone. Incomplete tears: consideration should be given for the patient's age, normal activity level, and the degree of the knee instability caused by the tear. Surgical reconstruction of the ACL may provide substantial benefit to active patients, especially those under 50 years old. For the patients whose work or life does not require significant loading of the knee and other stressful conditions, ACL repairs may not be necessary. The clinical documentation submitted failed to indicate the injured worker had trialed and failed on conservative therapy. There is no indication in the clinical documentation indicating the injured worker had activity limitation for more than 1 month. While the official MRI showed evidence of a meniscal tear would warrant a partial meniscal repair, there is no evidence of an ACL tear provided. Upon the physical examination the provider failed to document the injured worker to have signs of locking, popping or giving way. Therefore, the request is not medically necessary.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CPM x 21 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cryo unit x 7 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post Op PT x 16 visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Muscle Stim, Left Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.