

Case Number:	CM14-0183862		
Date Assigned:	11/12/2014	Date of Injury:	05/03/2012
Decision Date:	01/20/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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 is a 51 year old male with a 5/3/12 injury date. In a 10/6/14 note, the patient complained of left knee pain. Objective findings included normal gait, medial joint line tenderness, and tenderness over the patellar tendon, no crepitus or effusion, and positive McMurray's sign. A left knee MRI on 9/29/14 revealed osteoarthritis of the patellofemoral and medial joint spaces, moderate effusion, and probable posterior horn medial meniscus tear. Weight-bearing left knee X-rays on 10/6/14 revealed mild to moderate arthritic change with some osteophyte formation. In a 10/20/14 rebuttal note, the provider stated that the patient was having limited activity levels and decreased function as a result of his left knee, including inability to run, difficulty kneeling/squatting, difficulty climbing stairs, and inability to lift greater than 50 pounds. Current subjective findings included mild to moderate burning pain, especially at the anteromedial left knee, and crepitus and popping during movement. Objective findings included medial joint line tenderness, no crepitus with range of motion, no effusion, flexion to 100 degrees, extension to neutral and positive McMurray's test. The provider noted that the patient has not yet undergone physical therapy or cortisone injections, but wishes to proceed with the arthroscopic surgery of the left knee. Diagnostic impression: left knee meniscus tear, osteoarthritis. Treatment to date: activity modification, NSAIDS, pain medication. A UR decision on 10/16/14 denied the request for left knee arthroscopy with partial medial meniscectomy and chondroplasty because it was not clear if the patient's symptoms are related to a small medial meniscus tear or osteoarthritis. In addition, conservative measures were not exhausted. The requests for pre-op evaluation, pre-op labs, pre-op EKG, cold therapy unit, crutches, physical therapy, and Norco 7.5/325 were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy w/ partial medial meniscectomy and chondroplasty (to be performed @ Stanislaus Surgical Hosp. 209-572-2700) between 10/6/2014 and 12/13/2014: 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)

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 Chapter--Meniscectomy, Chondroplasty, Arthroscopic surgery in osteoarthritis

Decision rationale: CA MTUS states that arthroscopic partial meniscectomy usually has a high success rate for cases where there is clear evidence of a meniscus tear, symptoms other than simply pain, clear signs of a bucket handle tear on examination, and consistent findings on MRI. In addition, ODG criteria for meniscectomy include failure of conservative care. Regarding chondroplasty, CA MTUS states that surgery may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase the range of motion and strength of the musculature around the knee. In addition, ODG does not recommend chondroplasty in the absence of a focal chondral defect on MRI. In addition, ODG does not recommend arthroscopic surgery in arthritic knees. However, in this case the patient's primary problem appears to be osteoarthritis. Resecting a small, posteriorly-located medial meniscus tear in the setting of significant arthritis is unlikely to have a significant long-term benefit to the patient. In addition, the documentation does not indicate any prior physical therapy or cortisone injections, which would be prerequisites to the proposed procedure, but also may alleviate symptoms originating from the arthritis. At this time the medical necessity has not been established for the procedure. Therefore, the request for left knee arthroscopy w/ partial medial meniscectomy and chondroplasty (to be performed @ [REDACTED]) between 10/6/2014 and 12/13/2014 is not medically necessary.

Pre-op evaluation between 10/6/2014 and 11/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Acute Care; National Institute for Clinical Excellence (NICE); 2003 Jun 108 p.

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: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery.

Decision rationale: CA MTUS does not address this issue. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for non-cardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, the associated procedure was

not certified. Therefore, the request for pre-op evaluation between 10/6/2014 and 11/28/2014 is not medically necessary.

Pre-op labs between 10/6/2014 and 11/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse; National Collaborating Center for Acute Care: National Institute for Clinical Excellence (NICE); 2003, Jun, page 108.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--pre operative EKG and lab testing

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. However, the associated procedure was not certified. Therefore, the request for pre-op labs between 10/6/2014 and 11/28/2014 is not medically necessary.

Pre-op EKG between 10/6/2014 and 11/28/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 207 guidelines; American College of Cardiology Foundation - Medical Specialty Society; American Heart Association - Professional Association. 1996 Mar, pages 15 and 83.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Pre operative EKG and Lab testing

Decision rationale: CA MTUS does not address this issue. Electrocardiography is recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. However, the associated procedure was not certified. Therefore, the request for pre-op EKG between 10/6/2014 and 11/28/2014 is not medically necessary.

Cold therapy unit, 7 day rental or purchase (to be supplied by [REDACTED]) between 10/6/2014 and 11/28/2014: 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)

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 Chapter--Continuous-flow cryotherapy

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the associated procedure was not certified. Therefore, the request for cold therapy unit, 7 day rental or purchase (to be supplied by [REDACTED]) between 10/6/2014 and 11/28/2014 is not medically necessary.

Pair of crutches (to be supplied by [REDACTED]) between 10/6/2014 and 12/13/2014: 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)

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 Chapter--Walking aids

Decision rationale: CA MTUS does not address this issue. ODG states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. However, the associated procedure was not certified. Therefore, the request for pair of crutches (to be supplied by [REDACTED]) between 10/6/2014 and 12/13/2014 is not medically necessary.

Post-op physical therapy sessions (6) between 10/6/2014 and 12/13/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS supports 12 physical therapy sessions over 12 weeks after meniscectomy. However, the associated procedure was not certified. Therefore, the request for post-op physical therapy sessions (6) between 10/6/2014 and 12/13/2014 is not medically necessary.

Post-op pain medication: Norco 7.5/325mg #60 between 10/6/2014 and 12/13/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 and 48, Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: CA MTUS states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, the associated procedure was not certified. Therefore, the request post-op pain medication: Norco 7.5/325mg #60 between 10/6/2014 and 12/13/2014 is not medically necessary.