

Case Number:	CM14-0190482		
Date Assigned:	11/24/2014	Date of Injury:	06/22/2012
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 Pennsylvania. 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 58-year-old male who reported injuries due to a trip and fall on 06/22/2012. On 09/03/2014, his diagnoses included degenerative changes/chondromalacia, right knee, and rule out medial and lateral meniscal tears. His complaints included medial joint line pain, intermittent catching sensations, and giving way of the knee. His range of motion on the right knee was from 0 to 145 degrees. On examination, he had medial and lateral joint line tenderness with a positive medial McMurray's test. He had retropatellar tenderness along the lateral facet of the patella. There was no ligamentous laxity. It was noted that he had previous surgery on his left knee for a similar injury. An MRI of the right knee on 09/25/2014 revealed a severe truncation of the periphery of the posterior horn/body junction of the medial meniscus. There was mild scarring within the anteriomedial soft tissues. It was a complex degenerative tear, with a macerated appearance of that portion of the meniscus only. There was moderate partial thickness cartilage loss along the inferomedial aspect of the medial femoral condyle. The articular cartilage was mildly thinned in the medial tibial plateau without discrete chondral fissure or defect. There was a deep chondral fissure involving the mid portion of the median ridge. The trochlear cartilage was preserved. The lateral meniscus was intact. The articular cartilage in the lateral femorotibial was intact. The proximal tibiofibular joint was normal. On 10/15/2014, there was a recommendation for the arthroscopic evaluation of the knee, partial medial meniscectomy, chondroplasty of the medial femoral condyle, and patellofemoral joint. The rationale was that the practitioner was not confident that conservative measures would address his intra-articular pathology to a degree sufficient for him to become more functional. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Associate Services) Pre op surgical clearance: 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), Low Back - Lumbar & Thoracic, Preoperative testing, general.

Decision rationale: The request for (associate services) preop surgical clearance is not medically necessary. The Official Disability Guidelines note that preoperative testing is often performed before surgical procedures. These investigations 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. Chest radiography is reasonable for patients at risk of postoperative pulmonary complications. The latest AHRQ comparative effectiveness research on the benefits and harms of routine preoperative testing concludes that except for cataract surgery, there is insufficient evidence comparing routine and protocol testing. There were no cardiac or pulmonary risk factors indicated in this individual's medical records. Additionally, the tests to have been administered were not identified in the request. Therefore, this request for (associate services) preop surgical clearance is not medically necessary.

Right knee arthroscopy , chondroplasty, possible partial medial meniscectomy: Overturned

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

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

Decision rationale: The request for right knee arthroscopy, chondroplasty, possible partial medial meniscectomy is medically necessary. The California ACOEM Guidelines note that arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear, which includes symptoms other than simply pain, such as locking, popping, or giving way; clear signs of a bucket handle tear on examination, which include tenderness over the suspected tear, but not over the entire joint line; and perhaps full lack of passive flexion and consistent findings on MRI. This injured worker's MRI clearly showed a macerated appearance of the periphery of the posterior horn/body junction of the medial meniscus. Considering the amount of damage in evidence, surgical intervention would seem appropriate. Therefore, this request for right knee arthroscopy, chondroplasty, possible partial medial meniscectomy is medically necessary.

