MAXIMUS Federal Services

Case Number:	CM14-0207176		
Date Assigned:	12/19/2014	Date of Injury:	08/18/2014
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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:

The patient is a 59-year-old female who has submitted a claim for left knee degenerative joint disease, left medial and lateral meniscal tears and non-displaced left lateral tibial plateau fracture associated with an industrial injury date of 8/18/2014. Medical records from 2014 were reviewed. The patient complained of persistent left knee pain. She denied a history of high blood pressure, diabetes, cardiac, pulmonary, renal and gastrointestinal disorders. The review of systems was unremarkable. Physical examination of the left knee showed no obvious gross deformity. There was no effusion. Left knee flexion was measured 110 degrees and -20 degrees towards extension. Tenderness was present over the medial joint line. McMurray sign was negative. The cruciate function of the knee was intact with a negative posterior drawer sign and Lachman maneuver. Sensation, motor strength and reflexes were intact. The MRI of the left knee on 10/20/2014 demonstrated radial tear at the junction of the posterior horn and posterior root alignment of the medial meniscus, lateral meniscus free edge radial tearing of the posterior horn, non-displaced transversely oriented fracture of the posterior aspect of the lateral tibial plateau, medial compartment extensive grade 4 chondral loss with mild subchondral reactive marrow edema, lateral compartment grade 2 chondral tinning of the mid-weight bearing surfaces peripherally, and mild ACL and PCL degeneration. Treatment to date has included physical therapy, orthotics and medications. She is not interested in cortisone injections hence the request for knee arthroscopy. The utilization review from 12/2/2014 denied the requests for left knee arthroscopy, debridement, and medial or lateral meniscectomy versus meniscal repair, possible chondroplasty, and possible synovectomy and pre-op labs: CBC, basic MP, chest x-ray and EKG because of negative McMurray's test, absence of effusion and significant arthritis to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Arthroscopy, Debridement, and Medial or Lateral Meniscectomy Versus Meniscal Repair, Possible Chondroplasty, and Possible Synovectomy: Overturned

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: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Arthroscopy and Meniscectomy.

Decision rationale: Page 344 of CA MTUS ACOEM Practice Guidelines does not support arthroscopic surgery in the absence of objective mechanical signs, such as locking, popping, giving way, or recurrent effusion or instability, and consistent findings on MRI, in the management of knee injuries. In addition, failure of conservative care is an indication for knee surgery as stated in Official Disability Guidelines. In this case, the patient complained of persistent left knee pain. Physical examination of the left knee showed no obvious gross deformity. There was no effusion. Left knee flexion was measured 110 degrees and -20 degrees towards extension. Tenderness was present over the medial joint line. McMurray sign was negative. The cruciate function of the knee was intact with a negative posterior drawer sign and Lachman maneuver. Sensation, motor strength and reflexes were intact. The physical examination findings were not significant to warrant surgery. However, the MRI of the left knee on 10/20/2014 demonstrated radial tear at the junction of the posterior horn and posterior root alignment of the medial meniscus, lateral meniscus free edge radial tearing of the posterior horn, non-displaced transversely oriented fracture of the posterior aspect of the lateral tibial plateau, medial compartment extensive grade 4 chondral loss with mild subchondral reactive marrow edema, lateral compartment grade 2 chondral tinning of the mid-weight bearing surfaces peripherally, and mild ACL and PCL degeneration. Symptoms persisted despite physical therapy, orthotics and medications hence the request for surgery. The medical necessity has been established given the significant surgical lesion as seen on MRI. Therefore, the request for left knee arthroscopy, debridement, and medial or lateral meniscectomy versus meniscal repair, possible chondroplasty, and possible synovectomy is medically necessary.

Pre-Op Labs: CBC, Basic MP, Chest X-Ray and EKG: Overturned

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), Low Back chapter, Preoperative testing, General; and Preoperative electrocardiogram (ECG).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, and Official Disability Guidelines was used instead. ODG states that pre-operative 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. In this case, the patient is certified to undergo left knee arthroscopy, debridement, and medial or lateral meniscectomy versus meniscal repair, possible chondroplasty, and possible synovectomy. She denied a history of high blood pressure, diabetes, cardiac, pulmonary, renal and gastrointestinal disorders. However, given her age of 59 years old, the medical necessity for performing pre-operative testing has been established. Therefore, the request for pre-op labs: CBC, basic MP, chest x-ray and EKG) is medically necessary.