MAXIMUS Federal Services

Case Number:	CM15-0002799		
Date Assigned:	01/13/2015	Date of Injury:	02/02/2004
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York
Certification(s)/Specialty: Neurological Surgery

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 63 year old male carpenter wrenched his right knee climbing scaffolding on 02/02/2004. On 9/28/2004 he underwent an arthroscopic anterior cruciate ligament reconstruction, partial medial and lateral menisectomy and chondroplasty of the the articular surface of the patella and medial and lateral femoral condyles. His exam by the QME on 9/21/05 was normal His diagnoses include right knee osteoarthritis, status post right anterior cruciate ligament reconstruction with medial and lateral meniscectomy, and obesity. He was seen on 03/13/2014 complaining of 4-5 months of right knee pain. He had adult onset diabetes mellitus on metformin. His BMI was 33 and he weighed 205. He denied any popping, clicking, grinding or swelling. His quadriceps strength was 5-/5. On 2/12/2014 he denied any locking or giving way and had not taken medication for several months. H had no effusion but his range of motion was reduced. 03/13/2014 he was treated with aspiration of the right knee and a cortisone injection which provided significant relief for several months.His PR2 of 10/29/2014 noted increased knee pain. the progress note 11/03/2014 recorded anteromedial knee pain thathad gradually worsened despite recent treatments and home use of Motrin and ice. The objective examination revealed varus alignment of the right lower extremity a mild limp, small effusion to the right knee, mildly decreased strength in the quadriceps, a range of motion of 10-100 degrees, patellofemoral tenderness, tenderness to the medial joint line, and a positive McMurray's test. A right knee menisectomy and chondroplasty hardware removal - tibial screw and washer, preoperative consultation and workup, and 12 post-operative physical therapy sessions which were denied by the utilization review. On 12/09/2014, Utilization Review non-certified a request for 1 right knee

menisectomy and chondroplasty, noting the lack of symptoms of instability, and the imaging findings of three compartmental osteoarthritis. The ODG was cited.On 12/09/2014, Utilization Review non-certified a request for 1 pre-operative consultation for deep vein thrombosis prophylaxis, noting the failure to meet the criteria for surgery. Non-MTUS guidelines were cited.On 12/09/2014, Utilization Review non-certified a request for 1 hardware removal - tibial screw and washer , noting the lack of objective findings of swelling or erythema and no diagnostic testing to suggest failure or existing problems with the hardware. Non-MTUS guidelines were cited.On 12/09/2014, Utilization Review non-certified a request for pre-operative complete blood count, comprehensive metabolic panel, A1C and electrocardiogram, noting the failure to meet the criteria for surgery. Non-MTUS guidelines were cited.On 12/09/2014, Utilization Review non-certified a 12 post-operative physical therapy sessions, noting the failure to meet the criteria for surgery. Non-MTUS guidelines were cited.On 01/07/2015, the injured worker submitted an application for IMR for review of 1 right knee menisectomy and chondroplasty, 1 pre-operative consultation for deep vein thrombosis prophylaxis, 1 hardware removal - tibial screw and washer, pre-operative complete blood count, comprehensive metabolic panel, A1C and electrocardiogram, and 12 post-operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right knee meniscectomy, chondroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Indications for Surgery - Meniscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-5. Decision based on Non-MTUS Citation Knee Chapter Menisectomy

Decision rationale: California MTUS guidelines recommend menisectomy if there is a progression of severe activity limitations. Documentation does not provide evidence this is the case. MTUS guidelines also recommend the worker has complaints of popping, grinding or locking, clear signs of a symptomatic meniscal tear. The worker's progress notes indicate these are not present. ODG guidelines require all criteria on the list be met for chondroplasty. The documentation does not provide this evidence.

1 hardware removal - tibial screw and washer: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Extremity Injury Medical Treatment Guidelines. Denver (CO) Colorado Divsiion of Workers' Compensation; 2009 Jun, 24, page 136.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since right knee menisectomy, chondroplasty is not recommended then hardware removal-tibial screw and washer is not needed.

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

Associated Surgery Service: 1 pre-op consultation for DVT prophylaxis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since right knee menisectomy, chondroplasty is not recommended then associated surgical service-pre-op consultation for DVT prophylaxis is not needed.

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

Associated surgical services:1 pre-op CBC/CMP/A1C/EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. page 33 (37 references)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since right knee menisectomy, chondroplasty is not recommended then associated surgical service-pre-op CBC/CMP/AIC/EKG is not needed.

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

Associated surgical services: 12 post-op physical therapy sessions: 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 Since right knee menisectomy, chondroplasty is not recommended then associated surgical service-12 post-op physical therapy sessions is not needed.

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