

Case Number:	CM15-0105987		
Date Assigned:	06/10/2015	Date of Injury:	09/13/2014
Decision Date:	09/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	06/02/2015

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: California
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 50-year-old female, with a reported date of injury of 09/13/2014. The diagnoses include left knee pain, internal derangement of the left knee, left knee sprain/strain, and left knee lateral meniscus tear. Treatments to date have included an MRI of the left knee on 10/01/2014 which showed a horizontal cleavage tear of the anterior horn and body of the lateral meniscus, and chondromalacic changes of the medial femoral condyle; oral medications; acupuncture for the left knee; and physiotherapy treatments. The comprehensive orthopedic consultation dated 03/30/2015 indicates that the injured worker had persistent pain in the left knee despite all attempts at aggressive conservative management. She rated the pain 7 out of 10. The physical examination showed decreased range of motion of the left knee at 5-90 degrees, lateral joint line tenderness of the left knee, lateral patellar facet tenderness of the left knee, left patellar crepitus, abnormal passive patellar translation and tilt of the left knee, and positive lateral McMurray's sign. It was noted that the injured worker was an excellent candidate for an arthroscopic evaluation and surgery. The treating physician requested left knee arthroscopic evaluation, arthroscopic partial medical meniscectomy, chondroplasty and debridement, anterior interval release, possible lateral release and manipulation under anesthesia; pre-operative medical clearance consultation; post-operative rehabilitative therapy; rental of a CPM machine for thirty days for the left knee; Surgi-Stim rental for thirty days for the left knee; Coolcare Cold Therapy unit for thirty days for the left knee; post-operative purchase of crutches for the left knee; and post-operative knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic evaluation, arthroscopic partial medical meniscectomy, chondroplasty and debridement, anterior interval release, possible lateral release and manipulation under anesthesia - left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): 344-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear symptoms other than simply pain (locking, popping, giving way, recurrent effusion). According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 3/30/15 do demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is evidence in the cited records of 3/30/15 to support the requested procedure. Therefore the determination is medically necessary.

Pre-op medical clearance consultation: 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, preoperative testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of preoperative clearance and testing. ODG, Low back, Preoperative testing general, is utilized. This chapter states that preoperative testing is guided by the patient's clinical history, comorbidities and physical examination findings. ODG states, 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, regardless of their preoperative status. 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. Based on the information provided for review, there is no indication of any of these clinical scenarios

present in this case. In this case the patient is a healthy 50 year old without comorbidities or physical examination findings concerning to warrant preoperative testing prior to the request knee arthroscopy. Therefore the determination is not medically necessary.

Post-operative rehabilitative therapy 3 x week x 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: According to the CA MTUS/Post-Surgical Treatment Guidelines, Knee Meniscectomy, page 24, 12 visits of therapy are recommended after arthroscopy with partial meniscectomy over a 12-week period. The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is not medically necessary.

Associated surgical service: CPM machine; rental x 30 days-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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, CPM.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG Knee and Leg, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have not been met the determination is not medically necessary.

Associated surgical services: Surgi-Stim, rental x 30 days-left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: Regarding the Interferential Current Stimulation (ICS), the California MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation, pages 118-119 state, Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment

have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretible for recommendation due to poor study design and/or methodologic issues. As there is insufficient medical evidence regarding postoperative usage, the determination is not medically necessary.

Associated surgical services: Coolcare Cold Therapy Unit x 30 days-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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow cryotherapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case the request has an unspecified amount of days. Therefore the determination is not medically necessary.

Associated surgical services: MDE purchase; crutches post-op-left knee: Overturned

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 ODG, Knee and Leg, Walking Aids.

Decision rationale: The CA MTUS/ACOEM guidelines are silent regarding crutches. According to the ODG knee chapter, walking aids, Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. In a similar manner to which cane use unloads the limb, weight loss also decreases load in the limb to a certain extent and should be considered as a long-term strategy, especially for overweight individuals. In this case, there is sufficient evidence to warrant crutches in the postoperative period. Therefore the determination is medically necessary.

Associated surgical services: Purchase, knee brace post-op-left knee: Upheld

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): 340.

Decision rationale: CA MTUS/ACOEM Chapter 13 Knee complaints, page 340 states that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. According to the ODG, Knee chapter, Knee brace section, knee braces may be appropriate in patients with one of the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, and specific surgical interventions. The cited medical records demonstrate the claimant is not experiencing specific laxity, instability, and ligament issues per the exam note of 3/30/15. Therefore the request for durable medical equipment, knee brace, is not medically necessary and appropriate.