MAXIMUS Federal Services

Case Number:	CM15-0147724		
Date Assigned:	08/10/2015	Date of Injury:	05/14/2013
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/29/2015

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: Illinois, California, Texas
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:

This injured worker is a year old male who sustained an industrial injury on 5/14/13. The specific mechanism of injury was not documented. She underwent right knee arthroscopic debridement of a lateral meniscus tear on 3/6/14. The 2/18/15 left knee MRI impression documented posterior horn medial meniscus root tear, moderate effusion and popliteal cyst, mild diffuse chondral narrowing, medial compartment, and patellofemoral chondromalacia. The 7/10/15 treating physician report cited increasing left knee symptoms of medial pain with giving way, instability, and catching. Conservative treatment had included bracing, therapy, aspiration, and medication. Physical exam documented an awkward gait to protect her left knee, quadriceps atrophy, range of motion 0-125 degrees, mild patellofemoral crepitation, exquisite pain jumping off table, and medial joint line tenderness. McMurray's was difficult to elicit. There was 1+ laxity of the medial collateral ligament with a definite endpoint. Imaging showed a degenerative-type tear of the posterior horn of the medial meniscus, and degenerative changes in the medial and patellofemoral compartments. There was possible blunting versus tearing of the free edge of the lateral meniscus. The treatment plan recommended left knee arthroscopy with partial meniscectomy. Authorization was requested for a left knee arthroscopy for a diagnosis of medial meniscus tear and ortho tech assistant. The 7/17/15 utilization review non-certified the request for left knee arthroscopy and assistant as there was no evidence of a chondral defect on imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy: 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), Knee & Leg (Acute & Chronic), Chondroplasty.

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: Meniscectomy.

Decision rationale: The California MTUS guidelines state that surgical consideration may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Guidelines support arthroscopic partial meniscectomy for cases in which there is clear evidence of a meniscus tear including symptoms other than simply pain (locking, popping, giving way, and/or recurrent effusion), clear objective findings, and consistent findings on imaging. The Official Disability Guidelines criteria for meniscectomy include conservative care (exercise/physical therapy and medication or activity modification) plus at least two subjective clinical findings (joint pain, swelling, feeling or giving way, or locking, clicking or popping), plus at least two objective clinical findings (positive McMurray's, joint line tenderness, effusion, limited range of motion, crepitus, or locking, clicking, or popping), plus evidence of a meniscal tear on MRI. Guideline criteria have been met. This injured worker presents with worsening left knee mechanical symptoms of giving way, instability and catching. Clinical exam findings were consistent with imaging evidence of medial meniscus tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. A request for left knee arthroscopy for left medial meniscus tear has been submitted. Therefore, this request is medically necessary.

Associated surgical services: Ortho tech assist: 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 Official Disability Guidelines (ODG) Centers for Medicare and Medicaid services, Physician Fee Schedule: Assistant Surgeons, http://www.cms.gov/apps/physician-fee-schedule/overview.aspx.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, knee arthroscopy, there is a "1" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.