

Case Number:	CM15-0160176		
Date Assigned:	08/26/2015	Date of Injury:	06/01/2014
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

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 25 year old male who sustained an industrial injury on 06-01-2014. Mechanism of injury occurred when he jumped down from a luggage ramp and felt his right knee shift. Diagnoses include right knee medial meniscus tear, ACL tear-acute, and contusion of the right knee. Treatment to date has included diagnostic studies, medications, and a lightweight brace. Magnetic Resonance Imaging of the right knee done on 07-10-2015 revealed a total tear of the right anterior cruciate ligament, and there is a tear of the posterior horn and body of the medial meniscus with a flap of meniscal tissue displaced superior to the posterior horn, boney contusion involving the right medial femoral condyle and medial and lateral tibial plateaus, high-grade chondral flap tear involving the posterior weight bearing surface of the right medial femoral condyle and small right knee joint effusion. A physician progress note dated 07-23-2015 documents the injured worker has increased pain with activity. He has a normal gait. He has range of motion of 0-135 degrees. He has a BMI of 45.3. There is no crepitation or localized tenderness. He has trace effusion. McMurry's is positive and there is medial and lateral joint line tenderness. He has a positive Lachman exam of the right knee when compared to the left. He has a positive anterior drawer. Treatment requested is for right knee arthroscopy, related surgical service: Surgical assistant, related surgical service: Physical therapy, twice to thrice weekly for four to six weeks (twelve visits total), and related surgical service: Medial and lateral meniscectomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under Meniscectomy Knee chapter, under Diagnostic arthroscopy.

Decision rationale: ODG, Knee chapter, under Diagnostic arthroscopy states: ODG Indications for Surgery; Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications OR Physical therapy PLUS; 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care PLUS; 3. Imaging Clinical Findings: Imaging is inconclusive. ODG, Knee chapter, under Meniscectomy states: Recommended as indicated below for symptomatic meniscal tears for younger patients and for traumatic tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings or in older patients with degenerative tears until after a trial of PT/exercise. Indications for surgery are conservative care, subjective finding of joint pain or giving way or locking or clicking and popping plus objective findings of at least two of the following: positive McMurray's, joint tenderness, Effusion, limited ROM, clicking, locking and popping. ODG also requires meniscal tear on MRI. Per report 07/23/15, the patient presents with worsening of right knee pain. Examination revealed there is trace effusion, positive McMurray's, positive Lachman and positive anterior drawer's test. Magnetic Resonance Imaging of the right knee done on 07-10-2015 revealed a total tear of the right anterior cruciate ligament, and there is a tear of the posterior horn and body of the medial meniscus with a flap of meniscal tissue displaced superior to the posterior horn, bony contusion involving the right medial femoral condyle and medial and lateral tibial plateaus, high-grade chondral flap tear involving the posterior weight bearing surface of the right medial femoral condyle and small right knee joint effusion. The treater states that the plan is for surgical treatment and requested a diagnostic arthroscopy debridement with anterior cruciate ligament reconstruction with autograft tissue and partial medial meniscectomy. The patient's age appears to be the factor; however, this patient meets the criteria for surgery given the patient's symptoms, exam findings and MRI. This request is medically necessary.

Related surgical service: Medial and lateral meniscectomies: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under Meniscectomy Knee chapter, under Diagnostic arthroscopy.

Decision rationale: ODG, Knee chapter, under Diagnostic arthroscopy states: ODG Indications for Surgery; Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications OR Physical therapy PLUS; 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care PLUS; 3. Imaging Clinical Findings: Imaging is inconclusive. ODG, Knee chapter, under Meniscectomy states: Recommended as indicated below for symptomatic meniscal tears for younger patients and for traumatic tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings or in older patients

with degenerative tears until after a trial of PT/exercise. Indications for surgery are conservative care, subjective finding of joint pain or giving way or locking or clicking and popping plus objective findings of at least two of the following: positive McMurray's, joint tenderness, Effusion, limited ROM, clicking, locking and popping. ODG also requires meniscal tear on MRI. Per report 07/23/15, the patient presents with worsening of right knee pain. Examination revealed there is trace effusion, positive McMurray's, positive Lachman and positive anterior drawer's test. Magnetic Resonance Imaging of the right knee done on 07-10-2015 revealed a total tear of the right anterior cruciate ligament, and there is a tear of the posterior horn and body of the medial meniscus with a flap of meniscal tissue displaced superior to the posterior horn, bony contusion involving the right medial femoral condyle and medial and lateral tibial plateaus, high-grade chondral flap tear involving the posterior weight bearing surface of the right medial femoral condyle and small right knee joint effusion. The treater states that the plan is for surgical treatment and requested a diagnostic arthroscopy debridement with anterior cruciate ligament reconstruction with autograft tissue and partial medial meniscectomy. The patient's age appears to be the factor; however, this patient meets the criteria for surgery given the patient's symptoms, exam findings and MRI. This request is medically necessary.

Related surgical service: Surgical assistant: 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) Knee chapter, under Meniscectomy Knee chapter, under Diagnostic arthroscopy.

Decision rationale: ODG, Knee chapter, under Diagnostic arthroscopy states: ODG Indications for Surgery; Diagnostic arthroscopy: Criteria for diagnostic arthroscopy: 1. Conservative Care: Medications OR Physical therapy PLUS; 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care PLUS; 3. Imaging Clinical Findings: Imaging is inconclusive. ODG, Knee chapter, under Meniscectomy states: Recommended as indicated below for symptomatic meniscal tears for younger patients and for traumatic tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings or in older patients with degenerative tears until after a trial of PT/exercise. Indications for surgery are conservative care, subjective finding of joint pain or giving way or locking or clicking and popping plus objective findings of at least two of the following: positive McMurray's, joint tenderness, Effusion, limited ROM, clicking, locking and popping. ODG also requires meniscal tear on MRI. Per report 07/23/15, the patient presents with worsening of right knee pain. Examination revealed there is trace effusion, positive McMurray's, positive Lachman and positive anterior drawer's test. Magnetic Resonance Imaging of the right knee done on 07-10-2015 revealed a total tear of the right anterior cruciate ligament, and there is a tear of the posterior horn and body of the medial meniscus with a flap of meniscal tissue displaced superior to the posterior horn, bony contusion involving the right medial femoral condyle and medial and lateral tibial plateaus, high-grade chondral flap tear involving the posterior weight bearing surface of the right medial femoral condyle and small right knee joint effusion. The treater states that the plan is for surgical treatment and a surgical assistant. This patient meets the criteria for surgery given the patient's symptoms, exam findings and MRI. Therefore, the requested surgical assistant is reasonable given the complexity of the surgery. This request is medically necessary.

Related surgical service: Physical therapy, twice to thrice weekly for four to six weeks (twelve visits total): Overturned

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): 24-25.

Decision rationale: The current request is for Related surgical service: Physical therapy, twice to thrice weekly for four to six weeks (twelve visits total). Treatment to date has included diagnostic studies, medications, and a lightweight brace. MTUS post-surgical guidelines, pages 24-25, for the Knee states: Postsurgical treatment: (Meniscectomy): 12 visits over 12 weeks. Postsurgical physical medicine treatment period: 6 months. Per report 07/23/15, the patient presents with worsening of right knee pain. Examination revealed there is trace effusion, positive McMurray's, positive Lachman and positive anterior drawer's test. Magnetic Resonance Imaging of the right knee done on 07-10-2015 revealed a total tear of the right anterior cruciate ligament, and there is a tear of the posterior horn and body of the medial meniscus with a flap of meniscal tissue displaced superior to the posterior horn, boney contusion involving the right medial femoral condyle and medial and lateral tibial plateaus, high-grade chondral flap tear involving the posterior weight bearing surface of the right medial femoral condyle and small right knee joint effusion. The treater states that the plan is for surgical treatment and post op physical therapy. This patient meets the criteria for surgery given the patient's symptoms, exam findings and MRI. Therefore, the requested 12 post-op physical therapy is within guidelines. This request is medically necessary.