

Case Number:	CM15-0161720		
Date Assigned:	08/27/2015	Date of Injury:	06/10/2015
Decision Date:	10/08/2015	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, Oregon, Washington
 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 58-year-old female who sustained a work related injury June 10, 2015. While rolling in her chair from one desk to another, she twisted her left knee. Past history included hypertension, right wrist surgery July 2004 and January 2006, and right elbow and shoulder surgery January 2009. According to an orthopedic physician's initial evaluation, dated July 24, 2015, the injured worker presented with pain located in the medial peripatellar of the left knee. She describes the pain as sharp, with swelling and numbness. She reports a popping sensation when taking the stairs ascending and descending. Physical examination of the left knee revealed; alignment of the knee 7 degrees of valgus; palpation pes tenderness on the left; active range of motion extension 3 degrees short of fully active 0 degrees passively, flexion 125 degrees, crepitus present with range of motion; mild swelling; negative Lachman's McMurray's positive for pain, Bounce test is negative. According to the evaluating physician, an MRI of the left knee, performed July 6, 2015, revealed a small effusion, moderately severe patellar tilt, chondral surface changes in the lateral facet of the patella, bony edema with subchondral cyst formation in the posterior portion of the medial femoral condyle, including 50% of the weight bearing surface in that area; the overlying chondral surface appears deficient; moderate medial compartment spurring; significant maceration of the medial meniscus and the lateral meniscus on the coronal sections. Assessments are medial meniscus tear; knee pain; lateral meniscus tear; patella malalignment; osteochondral defect. At issue, is the request for authorization for a left knee arthroscopic repair of internal derangement, post-operative physical therapy, pre-operative

electrocardiogram (EKG), complete blood count (CBC), chemistry panel, and Don Joy Iceman and pad purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee arthroscopic repair of internal derangement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344 and 345.

Decision rationale: CA MTUS/ACOEM Chapter 13 Knee Complaints, pages 344 and 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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI. In this case, the MRI from 7/6/15 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes. According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy. As the patient has significant osteoarthritis the request is not medically necessary.

Post-operative physical therapy 3x4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Pre-operative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Pre-operative CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Pre-operative Chem panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Associated surgical service: Don Joy Ice man & Pad Purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.