

Case Number:	CM15-0162304		
Date Assigned:	08/28/2015	Date of Injury:	04/25/2013
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/18/2015

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 31-year-old male who sustained an industrial injury on 4/25/13. Injury occurred when he was working as a tree trimmer on top of a tree and got stuck in a branch, twisting his knee. He was diagnosed with an anterior horn lateral meniscus tear and underwent right knee arthroscopic partial lateral meniscectomy, extensive debridement of plica, ligamentum mucosa, and anterolateral scarring, and synovectomy on 12/9/14. The 6/30/15 right lower extremity MRI impression documented a lateral meniscus tear with parameniscal cyst. Findings documented a large tear involving the anterior horn and body of the lateral meniscus with evidence of prior partial meniscectomy. A presumed parameniscal cyst dissected anteriorly. The medial meniscus and cruciate and collateral ligaments were intact. A small joint effusion was presented. Quadriceps and patellar tendon apparatus appeared intact. The 7/8/15 treating physician report cited persistent post-operative right knee pain requiring increased physical therapy, anti-inflammatories, and injection. The MRI showed a horizontal cleavage tear through the posterolateral horn of his meniscus with a small cyst formation. He had failed conservative treatment and a complete lateral meniscectomy was recommended. Left knee exam documented moderate effusion, no grind, 5 degrees of hyperextension, 130 degrees flexion, lateral joint line tenderness, positive lateral McMurray's, stability to varus and valgus testing, and 1A Lachman. Authorization was requested for right knee arthroscopic meniscectomy, possible chondroplasty, debridement, and/or microfracture, and possible lateral release, and post-operative physical therapy 16 sessions. The 7/23/15 utilization review modified this request for right knee arthroscopic surgery to a right knee arthroscopic meniscectomy as there was no imaging

evidence of a chondral defect to support chondroplasty, no clinical findings to support microfracture, and no evidence of lateral tracking of the patella, patellar apprehension, or imaging findings of abnormal patellar tilt to support lateral release. The request for 16 post-op physical therapy sessions was modified to 6 initial post-op visits consistent with the Post-Surgical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic meniscectomy, possible chondroplasty, debridement, and/or microfracture, possible lateral release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344, 344-345.

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; Chondroplasty; Lateral retinacular release; Microfracture surgery (subchondral drilling).

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 (ODG) 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 for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. The ODG provide specific indications for microfracture surgery that require conservative treatment (medication or physical therapy) for a minimum of 2 months and joint pain and swelling. Objective clinical findings are required to include all the following: small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle, stable knee with intact and fully functional menisci and ligaments, normal knee alignment, normal joint space, and ideal age 45 or younger. Imaging findings demonstrating a chondral defect on the weight-bearing portion of the medial or lateral femoral condyle are required. Guideline criteria for lateral release include physical therapy or medications, and pain with sitting or patellar/femoral movement or recurrent dislocations. Clinical exam findings should include lateral tracking of the patella, recurrent effusion, patellar apprehension, synovitis with or without crepitus, and Q angle greater than 15 degrees. Imaging findings of abnormal patellar tilt are required. Guideline criteria have not been fully met for the requested procedures. This injured worker presents with persistent right knee pain

following prior partial lateral meniscectomy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings are consistent with imaging evidence of a large anterior horn lateral meniscus tear with parameniscal cyst. There is no imaging evidence of a chondral defect or abnormal patellar tilt documented. There was no evidence of lateral patellar tracking or patellar apprehension. The 7/23/15 utilization review modified this request and certified a right knee arthroscopic lateral meniscectomy. There is no compelling rationale to support the additional surgical requests as guideline criteria for imaging and clinical exam findings have not been met. Therefore, this request is not medically necessary.

Post-operative physical therapy, quantity: 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for meniscectomy suggest a general course of 12 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 6 visits. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 7/23/15 utilization review recommended partial certification of 6 initial post-op physical therapy visits consistent with guidelines. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request is not medically necessary.