

Case Number:	CM15-0186463		
Date Assigned:	09/28/2015	Date of Injury:	10/09/2014
Decision Date:	12/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/22/2015

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 53-year-old female who sustained an industrial injury on 10/9/14. Injury occurred when she slipped and fell forward landing on her hands and knees. The 4/21/15 Doctor's First Report documented bilateral knee pain. Right knee exam documented medial and lateral tenderness, pes anserinus tenderness, discomfort with partial squat, medial and lateral crepitus, sub-patellar crepitus, positive medial and lateral McMurray's, and flexion to 90 degrees. Gait was slow and deliberate with broad base. Right knee x-rays were obtained showed no fracture or dislocation. There was an osteophyte on the medial tibial plateau. There was joint space narrowing medially to about 3 mm, and laterally to about 5 mm. The diagnosis included probable right knee meniscal tear and chondromalacia. Physical therapy was requested for 8 sessions. Medications were prescribed to include Tramadol, Cyclobenzaprine, and Meloxicam. The 7/11/15 right knee MRI impression documented medial and lateral meniscus tears with a small effusion. There was chondromalacia patella with lateral and medial compartment articular cartilage thinning. The anterior cruciate ligament was thickened and edematous suggesting a strain, but there were contiguous fibers. The 7/14/15 treating physician report indicated that the injured worker had grade 6-7/10 right knee pain with numbness and tingling. She was still not attending therapy or working. Physical exam documented positive McMurray's maneuver medially and laterally on both knees. Chirotherapy was recommended for 8 sessions. The 8/19/15 treating physician report cited continued knee pain, more on the right than the left, with pulling sensation in the knee with bending. Associated symptoms included giving out, locking, and slight swelling at night. Physical exam findings documented left knee medial tenderness.

The diagnosis included bilateral knee internal derangement, right knee medial and lateral meniscus tears, and bilateral chondromalacia. The injured worker was attending therapy which was helping reduce pain. The treatment plan included left knee MRI, knee immobilizer, continued medications, and chiropractic therapy 2x8. Authorization was requested for right knee arthroscopy, pre-operative chest x-ray, pre-operative labs, post-operative physical therapy 2x4 for the right knee, Tylenol with Codeine No. 3 #30, cold therapy unit use up to 7 days for the right knee, and a TENS unit 30 day rental for the right knee. The 9/3/15 utilization review non-certified the right knee arthroscopy and associated surgical requests as there was no detailed functional assessment, documentation of prior non-operative treatment and response, no objective findings commensurate with a meniscal tear of sufficient magnitude to warrant intervention, and no details of the arthroscopic procedure to be performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Meniscectomy; Chondroplasty.

Decision rationale: The California MTUS 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. The ODG 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. Guideline criteria have not been fully met. This injured worker presents with right knee pain with giving out, locking, and slight nighttime swelling. Records documented functional limitations relative to bilateral knee pain. Clinical exam findings are generally consistent with imaging evidence of meniscal tears and chondromalacia. However, detailed evidence of a failed recent, reasonable and/or comprehensive non-operative treatment protocol trial has not been submitted. Records suggest that the injured worker just initiated therapy with benefit reported. Additionally, the specific procedure requested is not documented to allow for full evaluation of the medical necessity. Therefore, this request is not medically necessary at this time.

Preoperative chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Tylenol with Codeine No.3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The California MTUS guidelines support the use of opioids on a short term basis for knee pain. On-going opioid management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. This injured worker has been treated with medications including Tramadol, Cyclobenzaprine, and Meloxicam with no documentation that these have failed to provide benefit or have not been tolerated. There is no compelling rationale presented to support the prescription of an additional opioid medication at this time. Short term use of this medication for post-operative pain management would generally be considered reasonable but the associated surgical request is not supported. Therefore, this request is not medically necessary.

Associated surgical service: Cold therapy unit use up to 7 days for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous-flow cryotherapy.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: TENS unit 30 day rental for the right knee: Upheld

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, TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.