MAXIMUS Federal Services

Case Number:	CM15-0198228		
Date Assigned:	10/20/2015	Date of Injury:	06/13/2014
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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, Indiana, Oregon
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 62 year old male, who sustained an industrial injury on 06-13-2014. He has reported subsequent knee, low back and lower extremity pain and was diagnosed with right and left knee sprain and strain, internal derangement of the right and left knees, bilateral knee meniscal tears and posterior cruciate ligament tears and myoligamentous strain, sprain of the lumbosacral spine with bilateral lower extremity radiculopathy. MRI of the right knee on 02-02-2015 showed grade IIIA abnormality of the posterior horn of the medial and lateral meniscus compatible with tears, patella-femoral effusion and undulation of the posterior cruciate ligament representing a tear. MRI of the left knee on 02-02-2015 showed grade IIIA abnormality of the posterior horn of the lateral and medial meniscus representing tears and tear of the posterior cruciate ligament. Treatment to date has included medication, application of heat and ice, acupuncture, orthotics, physical therapy and a home exercise program, which were noted to have failed to significantly relieve the pain. In a 07-13-2015 Orthopedic surgery consultation note, the injured worker was noted to have constant and moderate severe pain in the bilateral knees associated with swelling and numbness with locking, popping and giving way at the joints with difficulty with ambulation and going up and down stairs due to knee pain. Objective findings of the knees were notable for fluid in the right and left knees, ballottable right and left patellae, tenderness to palpation over the anteromedial, postero-medial and antero-lateral aspects of the right and left knees, restricted range of motion of the knees with pain, positive Valgus stressing test and anterior drawer test of the bilateral knees, positive McMurray's testing in internal and external rotation of the bilateral knees, positive Apley's grinding test and Patellar compression test of the bilateral knees. The physician noted that based upon the clinical evaluation findings of constant moderate to severe pain in the bilateral knees becoming aggravated constantly with

activities and failure of conservative treatments as well as MRI and x-rays findings, a repeat arthroscopic surgery to the right and left knees was recommended. In a progress note dated 08-31-2015, the injured worker reported 5-6 out of 10 right shoulder, low back and left knee pain with unchanged range of motion and strength. Objective examination findings revealed tenderness to palpation of the cervical spine, positive Phalen's and Tinel's of the bilateral wrists with impingement signs, tenderness to palpation of the thoracic and lumbar paraspinals, positive McMurray's test on the right and left and positive Apley's test on the right and left. The physician noted that based on MRI results the injured worker needed an urgent consultation with pain management and orthopedics and that a left knee arthroscopy was requested. Work status was documented as off work. A request for authorization of right knee arthroscopy with partial medial meniscectomy, synovectomy, debridement and washout, left knee arthroscopy with partial medial meniscectomy, synovectomy, debridement and washout, pre-op medical clearance, history and physical and pre-op blood examination was submitted. As per the 09-15-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy with partial medial meniscectomy, synovectomy, debridement, and washout: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, 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).” According to ODG Knee and Leg section, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, there is significant discrepancy between the treating physician and AME physician who documents that there is very little pain in the knee. Based off the lack of consensus on the severity of the subjective symptoms, the request is not medically necessary,

Left knee arthroscopy with partial medial meniscectomy, synovectomy, debridement, and washout: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, 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).” According to ODG Knee and Leg section,

Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case, there is significant discrepancy between the treating physician and AME physician who documents that there is very little pain in the knee. Based off the lack of consensus on the severity of the subjective symptoms, the request is not medically necessary,

Pre-op medical clearance, history and physical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op blood examination: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.