

Case Number:	CM15-0199961		
Date Assigned:	10/15/2015	Date of Injury:	08/06/2013
Decision Date:	12/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/12/2015

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 50-year-old male who sustained an industrial injury on 8/6/13. Injury occurred when he slipped and fell, hitting the right side of his body. The 11/5/14 right knee MRI impression documented oblique tears of the posterior horns of the medial and lateral menisci, and mild tendinitis of the patellar ligament. There was a small amount of fluid in the patellofemoral joint space in the joint. There was a small meniscal cyst in the apical portion of the medial meniscus seen in conjunction with the aforementioned tear. He sustained a non-industrial injury on 3/1/15 relative to a motorcycle fall and fracture of the left tibia requiring open reduction and internal fixation. The 5/7/15 medical legal report cited right knee pain that made it difficult for him to walk up and down stairs. Right knee exam documented range of motion 0-135 degrees, tenderness over the medial ligament, and no obvious right knee swelling. McMurray's test in external rotation produced crepitus and pain. There was significant atrophy in the right calf muscles. Treatment for the right knee included strengthening exercise, and orthopedic evaluation for surgery only if he developed acute swelling and became incapacitated more than 4 weeks due to swelling that was unresponsive to medications and injection. The 9/4/15 treating physician report cited right knee pain with motion, grade 6/10 without medications. He reported 60-80% overall improvement in pain and functional ability with medications. Right knee range of motion was restricted in all directions. Medications were prescribed to include Naproxen, Tramadol, Wellbutrin, and Norco. The diagnosis included chronic sprain right knee. The treatment plan also included home exercise program, swimming, and relaxation techniques. Authorization was requested for right knee arthroscopic examination

and meniscectomy with pre-op medical clearance, crutches, and a cold therapy unit. The 9/15/15 utilization review non-certified the request for right knee arthroscopic examination and meniscectomy with associated surgical requests as there were no focal examination findings, failed conservative measures, or corroborating diagnostic imaging results provided to indicate necessity of surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic examination, meniscectomy: Upheld

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

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.

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 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 have not been fully met. This injured worker presents with right knee pain but no documentation of mechanical symptoms. There is imaging evidence of medial and lateral meniscus tears. However, there is no current detailed right knee exam documented to meet guideline criteria. There is no detailed evidence of recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request is not medically necessary.

Pre-op medical clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Crutches for the right knee: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Cold therapy unit for the right knee: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.