

Case Number:	CM15-0201183		
Date Assigned:	10/19/2015	Date of Injury:	04/18/2014
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 48 year old female, who sustained an industrial injury on 4-18-2014. The injured worker was being treated for medial meniscus tear and chondral defect, trochlea, right knee. Treatment to date has included diagnostics, physical therapy, steroid injection, and medications. Currently (9-21-2015, Orthopedic Surgery), the injured worker complains of "frequent" and "moderate" pain in her right knee, not improving with time. She had difficulty going up and down hills and stairs and was currently not working, noting that modified duty was not available. Physical exam noted that she had an antalgic gait, favoring the right knee. There was no effusion and range of motion was 0-120 degrees. There was a positive patellar apprehension sign and negative anterior-posterior drawer and Lachman's. No tenderness or laxity over the collateral ligaments was noted. Magnetic resonance imaging of the right knee (8-27-2015) showed a faint horizontal tear in the posterior of medial meniscus, grade 2 strain of the anterior cruciate ligament, and mild joint effusion. Medication regimen noted "no chronic medications". The treatment plan included a right knee arthroscopy, medial meniscectomy, arthroscopy, and microfracture and associated surgical services, non-certified by Utilization Review on 10-06-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopy, medial meniscectomy, arthroscopy, and microfracture: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Arthroplasty, Microfracture surgery.

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

Decision rationale: This is a request for multiple right knee surgeries including medial meniscectomy and microfracture. Over 1000 pages of records provided document diffuse, non-anatomic symptoms with recent records noting diffuse chronic pain syndrome, "diffuse" myofascial pain and "severe" anxiety, depression, sleep and mood disorders. There is a history of pain in the knee while walking on April 18, 2014, but there was no accident such as a fall and it is documented that right knee symptoms predated the 2014 incident with a December 17, 2013 right knee MRI having been performed for chronic knee pain at which point it was noted the menisci were intact and there was "low-grade chondral thinning." Another right knee MRI May 28, 2014 again notes "intact menisci" and "no discrete chondral defects." The California MTUS notes that for meniscus tear surgery there should be clear evidence of a meniscus tear with mechanical symptoms other than simply pain, clear signs on examination and consistent findings on MRI (page 344 and 345). In this case, symptoms are not consistent with a meniscus tear, reported examination findings are inconsistent and not consistent with a meniscus tear and multiple MRIs do not document a meniscus tear or other injury for which surgery is reasonably expected to result in functional improvement. Therefore, meniscal resection surgery is not indicated. Microfracture is a marrow stimulation technique for focal full-thickness chondral defects which is not addressed in the California MTUS. Arthroscopy including chondroplasty or microfracture is not an effective treatment for osteoarthritis and the type of age-related chondral thinning described in this case. Therefore, the combined request for partial meniscectomy and microfracture is determined to be unnecessary.

Associated surgical service: Assistant surgeon: 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, Surgical Assistant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Operative Arthroscopy, 4th edition.

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

Associated surgical service: Cold therapy unit rental for 7 days: 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, Continuous-flow cryotherapy.

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.

Post-operative physical therapy, 2 times a week for 4 weeks, for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical medicine treatment.

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.