

Case Number:	CM15-0204495		
Date Assigned:	10/21/2015	Date of Injury:	12/26/2014
Decision Date:	12/31/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 41 year old with a date of injury on 12-26-14. A review of the medical records indicates that the injured worker is undergoing treatment for a left knee injury. Progress report dated 9-8-15 reports continued complaints of left knee pain rated 5-10 out of 10 despite conservative treatment. Physical exam: left and right knee range of motion is full, left knee tender to palpation over medial joint line. MRI of left knee on 2-4-15 revealed complex tear of the medial meniscus posterior middle one third region. Treatments include: medications, over 40 visits of physical therapy and acupuncture. Request for authorization dated 9-23-15 was made for Left knee arthroscopy, possible arthroscopic medial meniscectomy vs repair, debridement and chondroplasty, Associated Surgical Service: Assistant surgeon, Pre-operative medical clearance and Pre-operative urine toxicology. Utilization review dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, possible arthroscopic medial meniscectomy vs repair, debridement and chondroplasty: 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 rationale: This is a request for multiple left knee surgeries including arthroscopy with partial meniscectomy or repair, debridement and chondroplasty. Records provided including a symptom questionnaire completed by the patient on April 1, 2015 describe "constant" symptoms which are not the mechanical symptoms attributed to a symptomatic meniscus tear. Symptoms are over a broad area including in the groin and thigh and records note decreased sensation for which electrodiagnostic testing is recommended such broad symptoms and paresthesias are also inconsistent with a symptomatic meniscus tear. The California MTUS notes that partial meniscectomy has a good success rate when there are mechanical symptoms consistent with a symptomatic meniscal tear rather than just constant pain and the diffuse non-anatomic symptoms present in this case (page 344-345). The report of a February 4, 2015 MRI notes that all articular cartilage surfaces in the knee were normal therefore, there is no indication for debridement and chondroplasty. Therefore, the combined request for meniscal surgery, debridement and chondroplasty is not medically necessary.

Associated Surgical Service: Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Operative Arthroscopy, 4th ed, Editor in Chief, Donald Johnson.

Decision rationale: This is a request for an assistant surgeon for proposed knee arthroscopy. Surgical technique details are beyond the scope of the California MTUS guidelines but are discussed extensively in the specialty text referenced. Knee arthroscopy is a relatively minimally invasive procedure typically performed through a 2 or 3 1/4 inch incisions. An assistant surgeon is not necessary.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This is a request for pre-operative medical clearance. The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this

recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records indicate the injured worker has no ongoing medical problems and underwent prior surgery for cholecystectomy without medical or anesthetic complications. Therefore, the request is not medically necessary.

Pre-operative urine toxicology: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations, Molly A. Feely, MD; C. Scott Collins, MD; Paul R. Daniels, MD; Esayas B. Kebede, MD; Aminah Jatoi, MD; and Karen F. Mauck, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15; 87 (6): 414-418.

Decision rationale: This is a request for pre-operative urine toxicology testing. The California MTUS does not address preoperative testing. An extensive systematic review referenced above concluded that there was no evidence to support routine preoperative testing. More recent practice guidelines recommend testing in select patients guided by a perioperative risk assessment based on pertinent clinical history and examination findings, although this recommendation is based primarily on expert opinion or low-level evidence. In this case, there is no documented medical history to support the need for the requested evaluation; rather, records include the results of prior urine toxicology testing from June 25, 2015. Therefore, the request for repeat urine toxicology testing is not medically necessary.