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| Case Number: | CM15-0211986 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 06/30/2007 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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 60-year-old male who sustained a work-related injury on 6/30/07. Injury occurred relative to constant repetitive motions and heavy lifting. The 12/4/14 right knee MRI impression documented tricompartmental osteoarthritic changes. There was maceration of the mid portion of the medial meniscus with additional oblique tear and radial tear within the posterior horn of the medial meniscus. There was an anterior cruciate ligament tear and joint effusion. There was a calcified synovial osteochondroma posterior joint space and a Baker's cyst. Conservative treatment had included cane, medications, activity modification, physical therapy, and corticosteroid injections. The 9/11/15 treating physician report cited persistent right knee pain following corticosteroid injections. Right knee exam documented medial and lateral joint line tenderness to palpation and range of motion 0-100 degrees. The diagnosis was bilateral knee arthritis and right knee meniscal tear. Authorization was requested for right knee arthroscopic surgery (meniscectomy, synovectomy and chondroplasty) and post op cold compression unit for 4 weeks. The 10/2/15 utilization review modified the request for right knee arthroscopic surgery (meniscectomy, synovectomy and chondroplasty) to right knee arthroscopic meniscectomy following discussion with the treating physician who reported that imaging did not show chondral lesions at this time and agreed to this modification. The request for the post op cold-compression unit rental for four weeks was modified to cold-compression unit rental for 7 days consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee arthroscopic surgery (right knee arthroscopic meniscectomy, synovectomy and chondroplasty): 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 and Leg (update 7/10/15), Arthroscopic surgery for osteoarthritis, Meniscectomy and chondroplasty.

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 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 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. This injured worker presents with persistent right knee pain. Clinical exam findings are consistent with imaging evidence of meniscal tear. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there was no imaging evidence of a chondral defect. The 10/2/15 utilization review modified this request for arthroscopic meniscectomy, chondroplasty, and synovectomy to arthroscopic meniscectomy. There is no compelling rationale to support the medical necessity of additional procedures at this time. Therefore, this request is not medically necessary.

Post op supply cold/unit aircast cyro/cuff cold/compression RR x 4 weeks: 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 and Leg (update 07/10/15): 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: Cold compression therapy; Game Ready: accelerated recovery system.

Decision rationale: The California MTUS is silent regarding cold compression units. The Official Disability Guidelines generally recommend continuous flow cryotherapy for up to 7 days as an option for patients undergoing knee arthroscopy. Guidelines state that there are no published high quality studies on the Game Ready device or any other combined cold and compression system to support the increased efficacy over cryotherapy alone. There is no compelling reason to support the medical necessity of this request for a non-complex knee procedure in the absence of guideline support for combined cold and compression units and for a duration beyond guideline-recommended cryotherapy. Therefore, this request is not medically necessary.