

Case Number:	CM15-0030207		
Date Assigned:	02/23/2015	Date of Injury:	08/07/2014
Decision Date:	08/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/18/2015

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 48 year old female, who sustained an industrial injury on 08/07/2014. The injured worker reported that when she pulled a box that was above her shoulder level she was not aware that the box weighed 40 pounds. The injured worker brought the box down and put it on her left side, but when she turned to put the box down her knee remained stationary causing her right knee to twist. The injured worker subsequently had difficulty walking. The injured worker was diagnosed as having synovitis of the right knee with resolving knee joint effusion and probable tear of the medial meniscus of the right knee with a positive McMurray's test. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right knee, corticoid steroid injection to the right knee, physical therapy, x-rays of the right knee, use of a knee brace, and medication regimen. In a progress note dated 01/21/2015 the treating physician reports complaints of pain to the right knee. Examination of the right knee reveals soft tissue swelling, minimal effusion, positive McMurray's testing, tenderness to the anterolateral joint line, tenderness to the peri-patellar region, popliteal swelling, decreased strength to the right quadriceps, decreased range of motion to the right knee, and limp with gait. Report of magnetic resonance imaging of the right knee performed on 09/28/2014 was revealing for mild bone marrow edema to the right tibial eminence and tibial spines, degeneration of the posterior horn of the medial meniscus, degeneration of the anterior horn of the lateral meniscus, superficial fissuring of the articular cartilage of the medial facet of the right patella, and moderate right joint effusion with associated synovial thickening. The treating physician requested outpatient right knee diagnostic arthroscopy medial and lateral meniscal tear repair with the treating physician noting that the physical findings and magnetic resonance imaging

are indicative of medial and lateral meniscal tears. The treating physician also requested outpatient post-operative physical therapy to the right knee three times a week for over four weeks and pre-operative laboratory studies of a complete blood count, a basic metabolic panel, and an electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right knee diagnostic arthroscopy medial and lateral meniscal tear repair:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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); clear signs of a bucket handle tear on examination (tenderness over the suspected tear but not over the entire joint line, and perhaps lack of full passive flexion); and consistent findings on MRI." In this case the MRI from 9/28/14 demonstrates osteoarthritis of the knee without clear evidence of meniscus tear. The ACOEM guidelines state that, "Arthroscopy and meniscus surgery may not be equally beneficial for those patients who are exhibiting signs of degenerative changes." According to ODG, Knee and Leg Chapter, Arthroscopic Surgery for osteoarthritis, "Not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery, and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy." As the patient has significant osteoarthritis the request is not medically necessary.

Outpatient post-op physical therapy to the right knee 3 times a week for over 4 weeks:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Pre-op labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Pre-op labs: basic metabolic panel: 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.

Pre-op labs: EKG: 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.